

Annual Report of the



**FEDERAL
SECURITY
AGENCY**

1948

Office of Vocational Rehabilitation

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Letter of Transmittal

FEDERAL SECURITY AGENCY,
OFFICE OF VOCATIONAL REHABILITATION,
Washington, D. C., November 1, 1948

The Honorable OSCAR R. EWING,
Federal Security Administrator.

Through the Commissioner of Special Services.

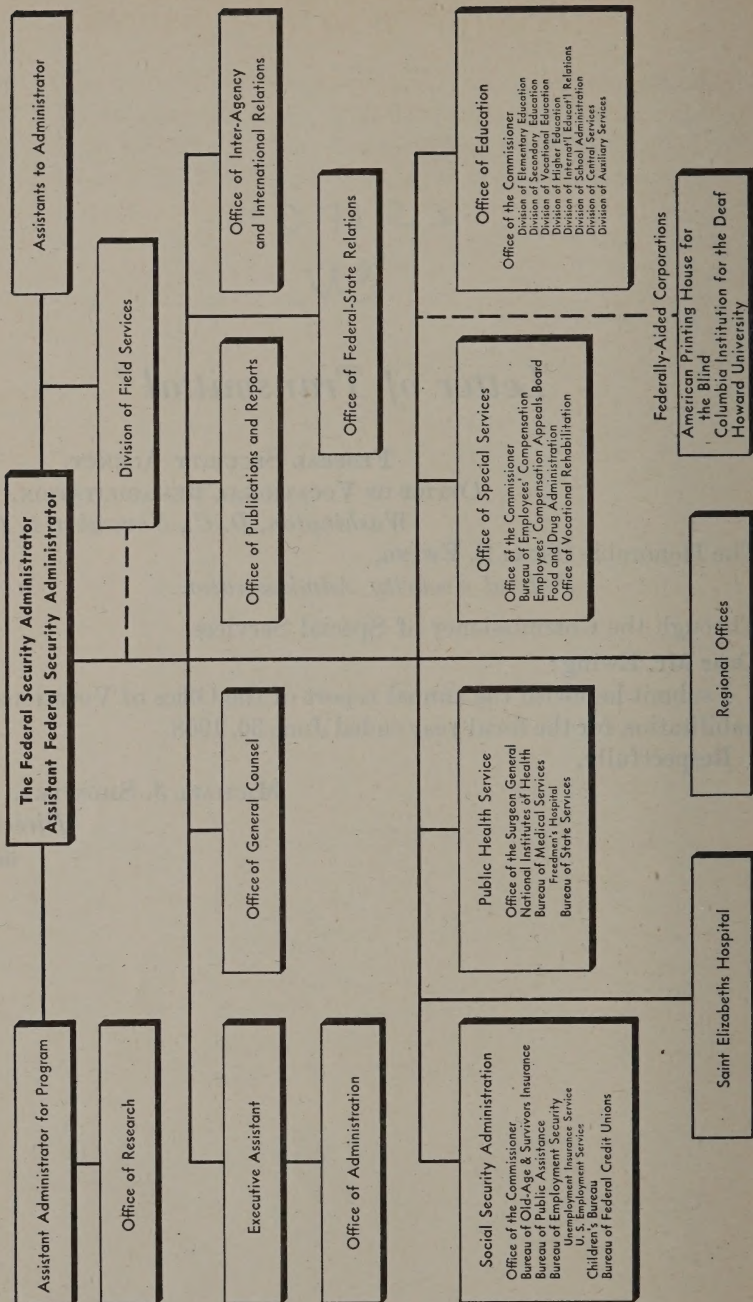
Dear Mr. Ewing:

I submit herewith the annual report of the Office of Vocational Rehabilitation for the fiscal year ended June 30, 1948.

Respectfully,

MICHAEL J. SHORTLEY,
Director.

Federal Security Agency



Federal Security Agency

The Federal Security Agency was established on July 1, 1939, by Reorganization Plan No. 1 of 1939. The objective of the Plan, the President said, was to group together those agencies of the Government whose major purpose was to promote social and economic security, educational opportunity, and the health of the citizens of the Nation. Among the agencies so grouped by that Plan and by Reorganization Plan No. 2 of 1939 were the Social Security Board (including the United States Employment Service), the Office of Education, the Public Health Service, and the Federal functions of the American Printing House for the Blind.

Reorganization Plan No. 4 of 1940, effective June 30, transferred to the Agency the Food and Drug Administration, St. Elizabeths Hospital, Freedmen's Hospital, and the Federal functions relating to Howard University and to the Columbia Institution for the Deaf.

During the war the Agency became the center around which numerous war activities were developed. In addition to other war functions, the Federal Security Administrator became Chairman of the War Manpower Commission, established in September 1942. When the Commission was abolished at the end of the war, the United States Employment Service, transferred from the Agency to the Commission on its establishment, was then transferred to the Department of Labor.

The Agency was further expanded by Reorganization Plan No. 2 of 1946. Among other things this plan, effective July 16, abolished the Social Security Board and transferred to the Administrator all the functions of the Board and of its Chairman; transferred to the Agency the Children's Bureau with all its functions except those relating to child labor; and abolished the Employees' Compensation Commission and transferred its functions to the Administrator. As of the same date, the Administrator established the Social Security Administration, comprising the program bureaus formerly in the Social Security Board and also the Children's Bureau.

Legislative enactments of June 1948 again transferred the United States Employment Service to the Agency, as of July 1, and administration of the Federal Credit Union Act, as of July 29. The Employment Service was placed in the Bureau of Employment Security of the Social Security Administration, and the Bureau of Federal Credit Unions also was placed within that Administration.

The organization of the Agency at the close of the fiscal year 1948, plus the transfers effective in July, is shown on the accompanying chart.

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Office of Vocational Rehabilitation

THE NATION-WIDE State-Federal system of vocational rehabilitation for civilians in the fiscal year 1948 achieved a new peak of success for the 28-year history of the program by rehabilitating more disabled men and women into employment than during any preceding year.

The fiscal year 1948 also marked the completion of the first 5-year period since the enactment in 1943 of the Barden-LaFollette amendments (Public Law 113, 78th Cong.) to the Vocational Rehabilitation Act of 1920. The achievements of the year reflected the careful planning and sound ground work at both the State and Federal levels on which the program was expanded to accomplish the purposes of that strengthened and broadened legislation.

The operations of the year made increasingly apparent the value of the 1943 legislation to the disabled individual, to his family, to his community, to his State and to the Nation.

During the 5 years of operation under Public Law 113, more disabled people were rehabilitated than during the preceding 23 years of operations under the more limited authority and financing of the previous legislation.

With the Office of Vocational Rehabilitation as the Federal unit, the State-Federal partnership program is operated in all the States, the District of Columbia, Hawaii, and Puerto Rico. Alaska also has an approved plan which is not now in active operation because of a lack of Territorial funds. The Federal Government thus has 87 separate partnership arrangements, all on the same pattern, including 35 with agencies whose rehabilitation activities are directed exclusively to the blind and those with visual impairments. Where there is no special State rehabilitation agency for the blind, the general rehabilitation agency serves the blind, as well as persons with all other types of disability. The States provide all the services to individuals. The

record of progress is largely a record of State progress. The Federal Government's part in the program is to furnish leadership and technical assistance, to pass upon the approvability of State plans, and to certify Federal grants-in-aid.

Through the program of vocational rehabilitation, disabled men and women are transformed from helplessness to competence; from dependency to self-sufficiency; from hopelessness to active participating and contributing membership in our economy and our society.

With all rehabilitation efforts directed, by law, toward the single goal of useful, compatible, and profitable employment for the impaired person, these beneficial results have been attained:

- (a) Increasingly effective removal or reduction of disabilities;
- (b) Progressive development of individual abilities into productive and self-sustaining assets;
- (c) Steadily increasing employer acceptance of handicapped individuals as efficient, safe, and steady workers;
- (d) Continued reduction of the extent of dependency of disabled individuals and their families and a parallel increase in self-sufficiency and in the stability of their families;
- (e) A marked increase in the productive manpower of the Nation;
- (f) A vast increase in the earning power of impaired persons;
- (g) A clear demonstration that vocational rehabilitation, instead of costing the Government money, is an economically sound investment. An analysis of results reveals that the rehabilitated person, if employed only 85 percent of full time during the rest of his working life, will pay \$10 in Federal income taxes alone for every Federal dollar expended upon his rehabilitation.

Highlights of the Year

(1) 62,360 disabled men and women were prepared for and placed in suitable employment. Of these 53,131—21 percent more than in the preceding year—were performing their jobs to their own satisfaction and that of their employers. Their cases were closed as rehabilitated. This is the largest number of completed rehabilitations ever made in any year. The remaining 9,229 had completed their rehabilitation to the point where they were employed, but were being observed for a reasonable period to make certain that their adjustment would be complete. This represented a 20 percent increase over the previous year.

(2) Another 7,396 disabled men and women were ready for employment at the end of the year, i. e., had received necessary counsel and guidance, physical restoration, training, and other services which

they required. They were awaiting placement on suitable jobs. This category reflected a 31 percent increase over the preceding year.

(3) Three States—Michigan with 4,462, California with 4,406, and Pennsylvania with 3,286—surpassed 1947's highest State total number of rehabilitations, 3,205, which was set by California.

(4) On the basis of population, the ranking of the first four States was as follows: Delaware, 125.2 rehabilitations per 100,000 population; South Carolina, 94.5 rehabilitations; West Virginia, 82.2 rehabilitations; and Georgia, 80 rehabilitations.

(5) All but 7 States increased the number of rehabilitations.

(6) The aggregate earnings of the rehabilitated men and women increased approximately 400 percent, from about \$17 million before rehabilitation to an annual rate of \$86 million during the first year after rehabilitation. This total does not include farmers or family workers because it is difficult to determine their income.

(7) As a result of the greater earnings of these workers, the annual earned income of the Nation increased about \$69 million a year.

(8) The program was operated at a total cost of about \$460 per rehabilitant.

(9) The year brought the total of completed rehabilitations for 5 years to 219,039 disabled men and women as compared with 210,125 for the preceding 23 years. This means an average of 43,808 rehabilitations a year under Public Law 113 against an average of 9,136 for the preceding period—almost a 400 percent increase in the transformation of the disabled from dependency to self-sufficiency. Moreover, estimates indicate that during these 5 years the 219,039 disabled men and women increased their earnings, through rehabilitation, by more than \$900 million, and paid Federal income taxes of approximately \$75 million.

(10) The rehabilitations in this latter period give promise of being much more effective and enduring, because more comprehensive services have been provided. These include medical, surgical, psychiatric, and hospital services, artificial appliances, counsel and guidance, training, tools and equipment, and placement on a job for which the individual has been prepared and which is within his mental and physical capacities.

(11) Strong cooperative efforts are being carried forward to improve the rehabilitation of the visually handicapped. During the past fiscal year, complete rehabilitation was effected for 6,200 persons with serious visual impairments. Of this group, 2,569 were blind. This latter number represents an increase of 19 percent over the total for the preceding year, which was a 92 percent increase over the 1946 total.

(12) Six additional adjustment training centers for the blind were

established by State agencies, or with their participation, during the fiscal year in Dallas, Texas; Bethlehem, Pennsylvania; Richmond, Virginia; New York City; and Chicago (two).

(13) Private and public agencies also are making important contributions in the field of psychological diagnosis and counseling of the adult blind. More than 100 experts attended a conference on this work at the University of Michigan, and the benefit of their work will be made available to the counselors of the blind everywhere through publication of the proceedings. The Federal and State agencies sponsored this conference.

(14) There were marked increases in the volume of services provided in physical restoration, artificial appliances, hospitalization, and placement equipment.

(15) The State vocational rehabilitation agencies and State agencies for the blind participating in the program had a total case load of 347,753 persons during the 12-month period, a 14.6 percent increase over the 303,575 during the preceding fiscal year.

(16) The Federal and State vocational rehabilitation staffs started work with the Public Health Service and private agencies on a special program to reduce the mortality from heart disease through safety methods of evaluating patients' ability to stand the stress of employment and by using these indices as a guide to rehabilitation into safe and suitable jobs.

(17) Considerable progress is being made in other fields of special disabilities. More epileptics are being restored each year and better methods of determining their work ability are being developed. Physical restoration of the first group of approximately 300 paraplegics injured in coal mine accidents has been started by the Welfare and Retirement Fund, United Mine Workers of America. The vocational rehabilitation system is cooperating to assist in preventing these people, upon restoration, from relapsing into disability through inactivity and to train and guide them back into useful, productive life. Progress is being made also in the rehabilitation of persons with cerebral palsy, the mentally retarded, others with mental illness, and the many severely disabled who are unable to leave their homes.

(18) Assistance in establishing and improving medical consultation and service was given throughout the year by the medical staff of the Office, and a major contribution to counseling was supplied through the publication of a handbook, *Psychiatric Information for the Rehabilitation Worker*.

(19) To assist in meeting an acute shortage of professional workers, the Office of Vocational Rehabilitation and the State agencies helped five educational institutions to establish curricula in vocational rehabilitation. It is a difficult profession, which requires knowledge

and ability in the integration and effective utilization of the skills of the physician, the educator, the guidance expert, the placement specialist, and the social worker. The institutions are Ohio State University, Wayne University, Pennsylvania State College, Overbrook School for the Blind, and Colorado Agricultural and Mechanical College. Two of these institutions and three additional colleges offered summer courses in rehabilitation. They are Colorado Agricultural and Mechanical College, Pennsylvania State College, Michigan State Normal College, University of Washington, and Hampton Institute.

(20) The National Health Assembly section on vocational rehabilitation, composed principally of experts from private organizations, developed recommendations looking toward the eventual rehabilitation of upwards of 200,000 persons annually to keep abreast of the incidence of severe disablements. This group also termed "social prejudice" the greatest obstacle to the employment of the disabled and said the greatest need in the field of rehabilitation is an adequate educational program.

(21) There has been a major increase in the volume and effectiveness of the program of public information concerning the availability and effectiveness of rehabilitation services. Articles devoted entirely or in part to this program have appeared in the *Reader's Digest*, *Saturday Evening Post*, *This Week* and other magazines. Newspapers throughout the country have carried more stories, pictures, and editorials than ever before. A series of 13 dramatized radio stories was broadcast on more than 400 stations with an estimated audience of more than 25 million. In addition to this indirect aid, the Office of Vocational Rehabilitation has given continuous and material assistance to the States in their programs of providing information to the public, the disabled, physicians, employers, and special groups with related interests.

(22) Three major demonstrations of handicapped persons in action also were presented by the Federal Office for the benefit of physicians, employers, and the public. One of these was at Trenton, New Jersey, with the cooperation of the State agency and a number of private organizations, including a rehabilitation center. The two others were presented as joint productions with the American Medical Association at its meetings in Cleveland and Chicago. More than 4,000 physicians, employers, and other persons witnessed these demonstrations.

(23) Rehabilitation services were brought closer to and made more effective for greater numbers of individuals as the States continued to simplify their procedures and to decentralize their activities to local communities.

The 5-year record makes it clear that the State-Federal vocational rehabilitation program is a going concern. With the help of all public and private agencies dealing with the disabled, the enterprise may now press forward toward the ultimate goal of helping all our handicapped citizens to help themselves. This goal is to provide rehabilitation services to the 1.5 million disabled men and women in our country who need them in order to become self-supporting.

How the State-Federal Program Works

Underlying the administration of the State-Federal system of vocational rehabilitation is the policy of preserving, restoring, or developing the fullest possible working ability of the disabled, to help the impaired person select and attain the *right* job objective. All the medical services, all the training, counseling and guidance, all the necessary tools, equipment, and artificial appliances, such as limbs, trusses, and hearing aids, that are provided are marshalled for one purpose—placement on a job compatible with the impaired person's physical and mental capacities. In addition, there is a follow-up adjustment service to make sure that the rehabilitated man or woman makes good on the job.

The Office of Vocational Rehabilitation was established in 1943, following passage of amendments to the Vocational Rehabilitation Act of 1920. These amendments became Public Law 113 (78th Congress), popularly known as the Barden-LaFollette Act. Responsibility for administration of the new law was assigned by the Federal Security Administrator to the Director of the Office of Vocational Rehabilitation.

SCOPE OF REHABILITATION SERVICES

Under provisions of Public Law 113, the mentally as well as the physically handicapped may be served; the blind may be rehabilitated on the same terms as other groups of the disabled; and there is specific provisions for war-disabled civilians. The last-named group is defined as merchant seamen and members of the aircraft warning service, the civil air patrol, and the citizens' defense corps who were injured in line of duty. A disabled veteran belongs to the general class of disabled civilians, and as such he may be entitled to service under the same conditions as any other disabled civilian. When the veteran is entitled to services under the Veterans Administration he usually elects to obtain them from that source.

Congress recognized the humanitarian and social benefits to be

derived from a program that would help the handicapped to help themselves. It likewise recognized the great reservoir of human and social energy in the millions of physically disabled persons in our country and resolved to release it for the benefit of the individual and society. At the time of the passage of Public Law 113, identical words were used in the reports of both committees of the Congress that handled the legislation, the House Committee on Labor and the Senate Committee on Education and Labor, to point to the economic values involved. The language used was as follows:

"From the long-range point of view there is no question but that the problem of disability is a problem which can be met only by large expenditures of public money. The very fact that a person who is normally a breadwinner is disabled often raises a relief problem as to him and his dependents. From the viewpoint of both Federal and State treasuries, and of the disabled persons themselves, experience has demonstrated that the best as well as the most economical approach for meeting the situation is an appropriate program of vocational rehabilitation. Where a disabled person may be made fit for employment, through rehabilitation, and become a tax producer, rather than a tax consumer, it would seem poor economy to deny him these necessary services. This is the dollars-and-cents justification of the program."

HOW THE PROGRAM IS FINANCED

The program of vocational rehabilitation for civilians is financed by State funds and by Federal grants-in-aid to the States, which provide the actual services to the individual. The grant-in-aid provisions were considerably liberalized under the new law of 1943. The Federal Government now assumes necessary State administrative costs and the cost of vocational counseling and placement. The cost of medical treatment, vocational training, and similar services for handicapped persons generally is shared by State and Federal Governments; while the total cost of services to war-disabled civilians is paid by the Federal Government.

Federal grants-in-aid are primarily a means of stimulating and supporting programs which are of national concern and which can be more suitably administered by the States rather than by the Federal Government. The grants make possible services and benefits which would not otherwise be available in all sections of the country. They are particularly well adapted to programs dealing with the individual.

In the vocational rehabilitation program, the approved State Plan is the basic condition to the certification of Federal funds. The Plan

has been compared to a contract under which the State and Federal governments agree to do certain things. It may also be compared to an architect's plan which describes what is to be built; it should be considered a working plan that sets forth the scope and compass of the State program.

FINANCIAL RETURNS OF THE PROGRAM

One of the gratifying features of this program is the likelihood that vocational rehabilitation, in the long run, costs the Federal Government nothing; rather, it returns pyramiding profits on what well may be termed an investment in human welfare. The average rehabilitant is 31 years old. Assuming that he has a work-life expectancy of about 34 years and is employed only 85 percent of that period, he may be expected to return, in Federal income taxes alone, approximately \$10 for every dollar the Federal Government expends upon his rehabilitation. It may reasonably be assumed, in addition, that the contributions of a rehabilitated, self-sustaining citizen will outweigh in economic value the small one-time cost to the States as well as to the Federal Government.

Cumulatively, the work of the past 5 years shows further dollars-and-cents results. The 219,000 rehabilitants are estimated to have increased their earnings through rehabilitation by more than \$900 million and they have paid Federal income taxes amounting to \$75 million. This means 5 years of earnings and tax payments for the rehabilitants of the fiscal year 1943, four years for those of 1944, and so on. This record assumes that estimated earnings for the first year are continued at that level, whereas most earnings increase, and such increases probably more than offset the losses of those who have not continued to work.

RESPONSIBILITY OF THE STATES

The State-Federal rehabilitation program is centered around services to the individual. It is designed to make it possible for the disabled person to share and participate in the productive and gainful work of the Nation and to give him an opportunity to make his full contribution to society.

Each State has a vocational rehabilitation agency which functions under the State Board of Vocational Education. Generally it is called Division of Vocational Rehabilitation. This agency provides rehabilitation services for the disabled of all types, except in 35 States where rehabilitation services for the blind are provided by a special agency for the blind.

The States are charged with determining the eligibility of disabled individuals. To be eligible the individual must have a substantial employment handicap by reason of disability.

Disabled persons have many problems which must be considered. None is isolated but all are interrelated, and must be approached from the standpoint of the individual as a whole. This solution requires a variety of services, provided on a coordinated basis. It is this coordinated service that the State-Federal program is providing disabled persons who have an employment handicap.

The State agency staff provides directly the services of vocational diagnosis, counseling, guidance, and placement, and makes use of the existing facilities in the community and surrounding area for other necessary services. The State agency purchases or makes arrangements to obtain the other essential services from existing facilities, such as schools, hospitals, clinics, and social agencies, and also from the medical and other professions.

A determination of economic need is not required for a disabled person to receive medical examination, medical and vocational diagnosis, counseling, guidance, training, or placement. These are provided without cost to the individual. To the extent that his financial condition will permit, however, he is expected to pay for such services as medical, surgical, or psychiatric care, hospitalization, nursing care, drugs, appliances, tools and licenses, travel, and living expenses.

An indication of how the States have met their responsibilities is the fact that 429,164 disabled persons were rehabilitated by the State agencies during the 28-year period from June 1920 through June 1948. Almost half a million disabled persons were helped to take their place among the workers of the Nation—some to go to work for the first time, some to return to work, and others to remain on jobs which they had been in danger of losing at the time they applied for rehabilitation services. During the early years of the program, 4,300 disabled persons, on the average, were rehabilitated each year. After 1935 the program developed to the point where each year around 10,000 disabled persons were completing their rehabilitation, even though all the States were not as yet participating.

The urgent need for manpower as a result of expanded production for war and the induction of men and women into the armed forces, found all the States with programs under way. Through the efforts of the State agencies, 21,757 disabled persons were rehabilitated during the 1942 fiscal year, 42,618 in 1943, 43,997 in 1944, and 41,925 during the 1945 fiscal year—all helped to make their contribution to the war effort through vocational rehabilitation services. During

the period of readjustment after the war, the number of rehabilitants dropped to 36,106 for the 1946 fiscal year but rose to 43,880 for the 1947 fiscal year and to 53,131 in 1948 as the Nation was striving to meet the needs of its people and those of other nations.

RESPONSIBILITY OF THE FEDERAL GOVERNMENT

The Federal Government, through the Office of Vocational Rehabilitation, is responsible for certifying grants to the States, approving State plans and insuring conformity to these plans, providing technical assistance to the States, developing public understanding of the program and stimulating establishment of adequate facilities and services.

Helping States Help the Disabled

The Office of Vocational Rehabilitation carries out its responsibilities to the disabled and to the State agencies which serve them directly through two functional divisions:

(1) The Division of Rehabilitation Standards, comprising three branches—Guidance, Training and Placement; Physical Restoration; and Services for the Blind.

(2) The Division of Administrative Standards, made up of two branches—State Administrative Planning and Survey, and Fiscal and Statistical Analysis.

The Office of Vocational Rehabilitation also maintains an Information Service to assist the States in creating public understanding of the program.

There is a regional representative of the Office of Vocational Rehabilitation in each of the 10 regional offices of the Federal Security Agency to maintain close working relationships with the State agencies.

The following pages contain a detailed report of the efforts of the Office of Vocational Rehabilitation to help the disabled by helping the States during the 1948 fiscal year.

MEDICAL SERVICES

Almost simultaneously with the passage of the Barden-LaFollette Act, much of the philosophy underlying earlier attempts to reinforce the physical and mental performance of the handicapped civilian was rapidly expanded and implemented in the armed forces, and in the Veterans Administration.

The 1943 amendments made it possible to furnish for the civilian disabled in every State medical services which could reduce or remove

a handicap. It is no longer necessary to build new lives around handicaps which can be reduced.

Physical medicine—to name but one medical service—has made it possible to offer to many who were formerly considered hopelessly handicapped a future with a job in it. While the modern medical phase of the State-Federal rehabilitation program was born at the same time as the strengthened similar programs of the armed forces and the Veterans Administration, many factors (including personnel scarcities, lack of facilities, and demands for combat troops) kept the newer medical techniques out of reach of the civilian handicapped.

Designed not as a general medical care program, but as one to make only measurable and definite contributions to improved job performance, the Act, while emphasizing full medical diagnosis, lays down several conditions which must be met if medical services beyond diagnosis are to be provided. Disabling conditions must be stable, or relatively so; they must constitute substantial employment handicaps; they must be susceptible of substantial reduction or elimination as handicaps and the time consumed in treatment must be “reasonable.” For the cases which need medical services not meeting these criteria, all State rehabilitation agencies obtain the services from other community agencies without cost to the Federal Government.

Although great strides have been made generally in the medical handling of specific disabilities, certain diagnostic and treatment facilities are not yet widely available for cases of the severely disabled. It would appear that hope for the severely disabled lies largely in the newer techniques which, to date, neither the technicians nor their workshops and laboratories are equipped to provide on a scale commensurate with the demands. Moreover, the latent possibilities of existing physical restoration facilities have been exploited only to a limited extent, though some progress is being made in this direction.

Definite progress has been made in placing medical facts bearing on eligibility and feasibility for medical services before the rehabilitation counselor, who arranges for all services. In regional conferences and physical restoration meetings in the past year, emphasis has been upon relating medical treatment to the vocational objective.

In the actual provision of services, not only have modern concepts outrun ancient techniques, but modern techniques have grown faster than technicians could be developed. The simple physical medicine of a generation ago has little to offer the paraplegic and other severely disabled persons. In each case, the determination must be made as to whether the treatment proposed will increase employability. This requires criteria which must change with progress.

In the development and promulgation of such criteria, work has been done in the far Western United States with research workers in

problems in human locomotion. It no longer suffices to buy an artificial leg for an amputee. Training in use must accompany "fitting." Such teaching is a specialty of the physical therapist, under medical guidance.

During the past year there was a distinct, though inadequate, increase in resources in physical medicine. The tendency to confuse physical medicine with complete vocational rehabilitation—of which physical medicine frequently is a vital part—has, in some instances, delayed or confused the pursuit of the job objective. Somewhere between the hospital and the vocational school lies the (now largely in the developmental stage) rehabilitation center, with the advantages of both, plus a coordinator of effort directed towards employment.

Two years ago it was found that only 15 percent of applicants for rehabilitation services needed medical or hospital care. This percentage has increased substantially and consistently during the past 2 years. The increase would appear to stem from the greater awareness of medical factors in disabilities, and from the growing use of medical consultants, particularly during the past year.

Integration has been the greatest problem. Hospital costs are rising; beds are scarce and are needed for the acutely ill. Hospitals are unwilling to take on longer-term cases which need, in addition to the traditional care given in a hospital, vocational reconditioning.

Private training resources are seldom designed, on the other hand, to handle severely handicapped persons who need substantial medical help and supervision—particularly those who cannot use muscles and limbs in the normal ways but must learn new vocational ways under medical guidance of the therapeutic aspects.

Little progress has been made in this field. At present, there are few places where the medico-vocational rehabilitation team can exercise its full functions. Even where the greatest medical skills are used to the limit, the vocational training opportunities for the severely handicapped are limited.

Private and public examples of the form this integration must take are not lacking. One excellent rehabilitation institution has full medical resources coupled with substantial vocational training—but no dormitory for clients from a distance or for local clients needing the care of an attendant. Another has a fine medical organization and excellent training facilities for a limited number of vocations, but its costs are typical of the hospital rather than the school. Neither institution can begin to serve the needs of all the handicapped in its vicinity.

A third is making a bold move to combine occupational therapy with vocational training. It has physical and other medical facilities, a complete vocational school and a county high school, all under one

roof, and needs only fuller use, a bigger population, and a more representative medical staff, all of which will follow the expanded case load.

Recently, the Welfare and Retirement Fund of the United Mine Workers of America began to transport approximately 300 paraplegic coal miners to highly specialized medical centers for the maximum possible amount of physical rehabilitation. The chief medical officer of the Office of Vocational Rehabilitation took part in many conferences with representatives of the Fund for the purpose of integrating medical services already under way into a program of complete vocational rehabilitation. The pattern is, we believe, now firmly established. Since it is of prime importance to this group that physical activity be maintained at a high level after the maximum medical improvement has been attained, this Office will continue its great interest in the specialized vocational training and placement of this group of the most severely handicapped, and will furnish all needed technical consultation.

The medical officers have visited a number of outstanding rehabilitation facilities, and are cooperating in the work now going forward on rehabilitation centers in an effort to gather together the essential elements of basic minimum standards for rehabilitation centers. A rehabilitation center may mean many things, but the Office of Vocational Rehabilitation uses this expression to designate the facility which offers, as a basic minimum, medical evaluation, vocational evaluation, and functional training. This analysis of the vocational rehabilitation center will go hand in hand with continuing efforts of the Office to integrate occupational therapy and vocational training into a productive and progressive drive toward a vocational objective which will be as specific as the need, skills, and potentialities of the client require in each case.

At this moment, the rehabilitation center seems one of the important answers to the problems of the severely handicapped. There is a widespread assumption that when a paraplegic, after years in bed, is taught to walk, he has been totally rehabilitated. There is strong evidence to indicate that paraplegics so "rehabilitated" promptly return to bed because there is nothing else to do.

The progress in this field is slow, for it involves a choice between making vocational schools of hospitals, hospitals of vocational schools, or building something new and different, which will partake of the nature of both, to the extent demanded, not by tradition but by the needs of the badly handicapped for a realistic preparation for a new life.

Basic criteria are being developed and released to those in most urgent need, and during the coming year it is hoped that the functions of a full-blown rehabilitation center can be described, with specific

data on the "who, what, how, where and when" of full rehabilitation under one functional roof.

The National Professional Advisory Committee met in June 1948, and devoted itself to a detailed review of the physical restoration portions of the revised Regulations. In addition, arrangements were made for individual personal consultations with committee members representing individual specialties, during the coming year.

The Office is deeply impressed by the philosophy that, in spite of the best of medical and surgical diagnosis and treatment in all of the related specialties, rehabilitation does not become a fact until the disabled client has met and conquered the enemy from within; and until he has creditably met and become well established in a job situation, thereby vanquishing the real or fancied enemy without. This is the work of total rehabilitation of the whole man. Upon the rehabilitation counselor devolves the heavy responsibility for seeing that the rehabilitation offered the handicapped is as indivisible as the personality and the body which receives it.

SERVICES FOR THE BLIND

Services for the blind are concerned with the development of employment opportunities for blind persons in every field of human activity and with the preparation of the blind person to perform the job which is most compatible with his capacities. Placement of the blind in industrial, commercial, rural and other employment is accomplished through application of basic research in developing the possibilities for—and of—blind persons.

Development of industrial job studies is a relatively new field for specialists in work with the blind. Shortage of personnel has made it necessary for State agencies to employ inexperienced workers. Experience has shown that through intensive training courses and field work a staff member in 2 years can acquire the same efficiency in finding jobs for the blind and in preparing them for those jobs that would usually require 5 years of the trial-and-error method. Consequently, during the past year emphasis was largely placed on training courses for State personnel who work with the blind.

Twenty-four commercial placement specialists employed in 18 State agencies were given intensive training in the methods required to develop and operate a broad variety of business enterprises in which blind persons are employed as operators. This training includes methods of surveying a community, neighborhood, or building to determine the type of business enterprise that can best be operated and the factors that will influence success or failure; preparation of plans for installation; training of the person in the operation of the

business and development of sales, bookkeeping, and operating methods.

These businesses include manufacturing of cement blocks; toys; furniture; operation of fixit shops; general stores in the country; neighborhood grocery stores; gasoline service stations; retail music and radio stores; packaged goods stands in office buildings; industrial lunch services; roadside and park refreshment stands.

Nine totally blind industrial placement specialists from five States were trained in the methods required to find the right job in industry and to place a blind person in it. This training includes methods of analyzing an industry in order to select processes for which sight is not required; of selling the ability of the blind to top management and operating personnel; of demonstrating typical processes; of achieving the production rate required of sighted workers; of selecting qualified blind persons; of planning and supervising basic training for a blind client; of helping the blind person adjust to the job; and of maintaining continuous employer cooperation to assure a harmonious, satisfactory employer-employee relationship.

During the 5 weeks of the institute these trainees received shop instruction in from 9 to 18 different industrial plants, and they learned and worked on from 75 to 150 different processes in 15 different types of industries. They received instruction in accident prevention, public liability insurance, and how to present the program in public addresses over the radio and to service clubs, church groups, labor unions, and the like.

A national conference on Psychological Diagnosis and Counseling of the Adult Blind was held at the University of Michigan in November 1947, under the joint auspices of the Office of Vocational Rehabilitation; the Bureau of Psychological Services, Institute for Human Adjustment, University of Michigan; and the Division of Services for the Blind, Michigan State Department of Social Welfare. This was the first national conference of its kind, and 109 persons were in attendance. Among them were 37 representatives from State rehabilitation and welfare agencies; 33 from private agencies such as the American Foundation for the Blind, Blind Veterans Association, International Lions Club, and several State schools for the blind; 23 from various university faculties, including the University of Michigan, University of Washington, Vassar College, and Wayne University; and six from the central and regional staff of the Office of Vocational Rehabilitation. Twenty-three States were represented among the registrants.

The objectives of the conference were mainly:

1. To teach rehabilitation personnel improved techniques and methods in counseling the blind;

2. To provide a forum for the exchange of information and practices between specialists and rehabilitation personnel;
3. To demonstrate by actual case studies the application of modern methods of psychological diagnosis and counseling;
4. To establish a permanent committee for the purpose of encouraging, coordinating, and directing research on a national scale in the problems of the adult blind.

As a natural outgrowth of the national institute, a regional institute was conducted at the University of Washington in April. It was arranged with the joint cooperation of the Division for the Blind, State Department of Public Welfare of Washington, the Department of Psychology of the University of Washington, and the Office of Vocational Rehabilitation. Partly on the basis of this institute, the Psychology Department of the University of Washington has planned to accept blind rehabilitation clients for psychological testing services. A by-product of this service will be a number of research studies.

Another follow-up of the conference at the University of Michigan resulted in a plan whereby Washington University in St. Louis, Missouri, will undertake other research into problems of the psychological testing of the adult blind. It is expected that all the test findings and experimental data will be channelled through the Office of Vocational Rehabilitation to experimental centers engaged in research on pertinent aspects of the over-all problems of the psychological diagnosis and counseling of the adult blind.

One week or more of intensive field training was given to industrial, rural, and business enterprises specialists for the blind in 30 States. In this training, a Federal staff member accompanied the State employment counselor on calls on employers who had hesitated to employ blind persons and demonstrated to the State employment counselor methods required to successfully overcome this reluctance. Visits were also made to blind persons to assist in the diagnosis of the individual's ability and in the preparation of adequate rehabilitation plans. This also served as a basis of instruction to the staff member of the State agency.

As pointed out earlier, six additional adjustment training centers for the blind were established by State agencies or with their participation in Dallas, Texas; Bethlehem, Pennsylvania; Richmond, Virginia; New York City, and Chicago, Illinois (two).

For the first time, diagnostic adjustment training of blind persons was provided in West Virginia by the State agency and the West Virginia School for the Blind. Twenty blind men, in five weeks of intensive instruction, were trained in personal grooming, traveling alone, and the proper use of a cane; in the development of basic manual skills by assembling and dismantling water faucets, electric light

sockets, pliers, and hinges; the operation of metal and wood turning lathes, circular saws, and drill presses; and making wood boxes, lamps, and ash trays. Much attention was given to the discussion of employment possibilities in each individual trainee's community and the personal and social standards the trainees must maintain at all times.

There are now 16 personal adjustment and prevocational training programs for the blind in operation, with a total enrollment of more than 200 trainees.

The first published materials analyzing the processes in production industries at which blind persons can be employed were issued by the Office of Vocational Rehabilitation during the year. This first release analyzes 25 typical processes in laundering, baking, and packaging, ranging from operating a mangle in a laundry to the packing of cookies in a bakery. The physical and mental demands of the job are described and also the methods a blind or partially sighted person must use to perform the task if there is any variation from the methods used by the sighted person.

The Office also published the first analysis of rural occupations and methods of participation by blind persons. This material describes 35 jobs performed on the farm and occupations carried on in a rural environment. It includes such jobs and occupations as raising broilers; slipping sweetpotatoes, tomatoes, and cabbage plants; dairy farming; rabbit raising; hot bed and greenhouse operation; holly growing; farm canning and dehydrating; fruit and vegetable packing; beekeeping; commercial bulb growing, and other farm labor processes. Every one of these jobs or occupations was thoroughly tested by a blind staff member of the Office of Vocational Rehabilitation and information was provided that will enable the rural blind individual to become a contributing member of his family.

An example of cooperation between Federal and State agencies was provided by the manner in which regulations for the administration of the Randolph-Sheppard Act were developed. A committee of executives of State Agencies for the Blind was requested to outline the regulations they considered necessary in this program which should be promulgated by the Federal Office. The regulations were developed by correspondence and finally completed in a conference between this committee of State executives and the Federal staff responsible for the program.

GUIDANCE, TRAINING, AND PLACEMENT SERVICES

The guidance, training, and placement services provided for the handicapped person by the State-Federal system of vocational rehabilitation are of the utmost importance to the success of both the

individual and the program. Guidance and counseling assist the disabled person to select and attain the proper job objective. Unless he can achieve both, the rehabilitation program for him is liable to be a failure. Training is provided to enable the disabled man or woman to learn to do the right job well, and much of his success depends on his skill on the job. Placement—and placement on the right job—is the means of transmuting all the preparatory services of rehabilitation into the end result—self-support.

These services are provided by the State rehabilitation agencies; the Office of Vocational Rehabilitation does not provide services directly to the disabled individual. But the Office recognizes so fully the importance of guidance, training, and placement that it maintains services to the State agencies which are designed to make their work in these fields as effective as possible.

The services of this Office consist largely of leadership and technical assistance. Solving the problems of prompt referral, eligibility, diagnosis, counseling, training, economic need, case work, supervision and placement, as they relate to disabled clients, requires effective standards and methods in the business of rehabilitation, just as meeting the problems of any other business requires workable standards and methods. Consequently the Office of Vocational Rehabilitation assists the States in a continuing effort to develop and evaluate standards and methods with a view to constantly increasing their effectiveness and appropriateness in the light of working conditions.

As in any other business, the effectiveness of operations depends largely upon the effectiveness of the staff as individuals and as a unit. Consequently, the Office of Vocational Rehabilitation assists the States in promoting the professional growth of State rehabilitation workers; in the development and maintenance, on a national basis and at State and local levels, of working relationships with public and voluntary organizations interested in the disabled, and in the analysis, interpretation, and solution of the problems of specific disability groups, such as the tuberculous, epileptics, cardiacs, paraplegics, and others.

A number of broad techniques have been developed for adequately meeting the responsibilities outlined above. The more important among them are the staff development program, the review of case-work operations and services, on-the-spot, consultative services, the activation of written statements of cooperative relationships, the furnishing of pertinent technical materials, and the development of minimum standards for all rehabilitation services.

Whereas much of the training and orientation of State staffs devolved upon this Office in the early years of the program, the State rehabilitation agencies, in accordance with long-range objectives,

from year to year are assuming greater responsibility in these fields. The resources of the Federal office are thereby released for proportionately greater emphasis upon the aspects of staff development concerned with the training of State supervisory personnel and upon areas of rehabilitation work in which the experience or facilities of the individual States may not be adequate to provide satisfactory training. Examples of such activity were the workshop on administration and supervision for administrative officers of large States with small populations; the workshop for supervisors of guidance, training, and placement; and the institute for commercial enterprise specialists for the blind. All of these were new departures in staff development.

The gains of previous years in encouraging institutions of higher education to develop specific vocational rehabilitation curricula were maintained. Ohio State University completed its first year of graduate courses, and Wayne University continued to offer graduate study in this field. The curricula of both schools, as well as those of New York University, Michigan State Normal College, and the University of Washington, were distributed to the State agencies. Summer courses were again presented at Pennsylvania State College and Colorado Agricultural and Mechanical College. The instructor at the latter was secured through the efforts of the Office of Vocational Rehabilitation and assistance in organizing the courses was given both the latter institutions. The State agencies were encouraged to take advantage of pertinent courses for the blind at the summer sessions of both Michigan State Normal College and the University of Washington and for Negro counselors of the deaf and the blind at Hampton Institute, Virginia. Several planning conferences were held with representatives of the University of Michigan and Gallaudet College looking toward the establishment in the former of a 2-year graduate curriculum, short courses, and institutes in vocational rehabilitation, and in the latter a short course for rehabilitation counselors for the deaf.

Other noteworthy staff development projects were the conferences on psychological diagnosis and counseling of adult blind at the University of Michigan and the University of Washington, and the second conference in the Southeastern States on integrating the education and rehabilitation of the deaf and the blind.

Extensive plans were developed for integration conferences in other regions, for a staff training program for all clerical, fiscal and professional workers, for the second Nation-wide workshop for supervisors of guidance, training, and placement, for a workshop for counselors of the aurally disabled, and for training institutes on the rehabilitation of the tuberculous and the blind.

Table 2 presents a State by State analysis of the guidance, training,

and placement services of the Office. The scope of activity for each of the listed services varies in accordance with the needs of the States and the nature of the assistance requested. For example, the reviews of casework operations and services are comprehensive and detailed. The other services are generally confined to analysis and recommendations regarding services for specific disability groups or specific areas of the case services program. These activities are carried on by on-the-spot study, review, interpretation, recommendation on request of the State agencies, and by participation in State-sponsored training programs.

Formal statements of principles of cooperation were negotiated at the national level with four organizations during the past year, bringing the total of such agreements to 23. The organizations are the Convention of American Instructors of the Deaf, the Office of Indian Affairs, the National Foundation for Infantile Paralysis, and the Conference of Executives of American Schools for the Deaf.

Extended efforts were exerted to make existing agreements fully effective at the operating level. Surveys of hospitals, statistical studies, and joint training programs were conducted in cooperation with the National Tuberculosis Association, the Public Health Service, and the State agencies. The development of materials for review of the working relationships between State rehabilitation agencies and State employment offices was completed jointly with representatives of the United States Employment Service. The American Hearing Society collaborated with this Office in planning and conducting a study of facilities for aural rehabilitation, copies of which were distributed to the State agencies. With the concurrence of executives of the Convention of American Instructors of the Deaf and the Conference of Executives of American Schools for the Deaf, the Office assisted in a study of the working relationships between schools for the deaf and State rehabilitation agencies.

Several cooperative activities were undertaken with the States' Vocational Rehabilitation Council, which is an advisory council for the Office of Vocational Rehabilitation and is composed of the heads of all the State rehabilitation agencies. Extensive consultation has been rendered committees of the Council in developing primary materials for staff development, specifically for training of counselors, supervisors, consultants, and clerical and fiscal personnel. Other committees of the Council have been assisted in developing criteria for program evaluation, guides for establishing clients in business enterprises, and standards for educational leave.

Contributions were made to the programs of several organizations interested in vocational rehabilitation. These were made in the

course of work with the National Rehabilitation Association, the American Hearing Society, the American Psychological Association, the Office of Education, the Pope Foundation, and the Section on Physical Medicine and Rehabilitation of the National Health Assembly.

Considerable time and effort were devoted to the Interstate Commerce Commission hearings on amputee truck drivers. Evidence was presented by this Office to show that the Commission's blanket regulations should be eased. A plan whereby State rehabilitation agencies would cooperate in examining amputee applicants for a truck driver's license was proposed. The decision is pending.

The bi-monthly publication, *Rehabilitation Abstracts*, completed its first year with the personnel of 24 State rehabilitation agencies contributing abstracts and book reviews. Limitation to 2,200 copies of each issue prevents the filling of requests from libraries and many interested individuals. This publication has been accepted as a valuable guide to rehabilitation workers in the selection of material for professional study.

The important study, "Self-Employment in Vocational Rehabilitation," was completed and will be distributed to the States in the first half of the 1949 fiscal year. Noteworthy distributions that were completed included material on training of photofluorographic operators; proceedings of workshop on administration and supervision; rehabilitation facilities for the severely handicapped; workshop methods and standards for guidance, training and placement; psychological testing of the adult blind; recommended minimum library with respect to the deaf and the hard of hearing; vocational rehabilitation of the epileptic and the mentally retarded; rehabilitation center founded by the Liberty Mutual Insurance Company; work therapy—a medical-vocational rehabilitation service; the National Association of Manufacturer's booklet, "Your Future Is What You Make It;" communication with the deaf; standards for determining eligibility and providing rehabilitation services; standards for terminating services to clients; standards for reopening cases.

A project of particular interest was the evaluation of sites for a national adjustment and research center for the blind. Further studies undertaken included the status of rehabilitation services to persons with a history of epilepsy; the rehabilitation services available from Goodwill Industries; the history, development, and administration of the vocational rehabilitation program; the economic value of vocational rehabilitation. A plan for surveys of rehabilitation activities in other American countries and a State-by-State directory of rehabilitation facilities also were developed.

PLANNING, ORGANIZATION, AND FISCAL SERVICES

The increases in the numbers of persons successfully rehabilitated and receiving services during the fiscal year 1948 resulted from enlargement of State staffs, activities, and expenditures. These enlargements made it imperative for the State agencies to strengthen their administrative and fiscal planning and controls. Aware of the need to operate not only an economical program but one which is effective in translating the various services authorized by the Vocational Rehabilitation Act into successful rehabilitations, State agencies have made increasing use of the administrative planning and fiscal services of the Office of Vocational Rehabilitation. In addition to the important administrative surveys and fiscal audits which were continued to assist State agencies in planning and carrying on a successful rehabilitation program, other planning and fiscal services were made available to the States. Notable among these were development of methods for analysis of workload, budget preparation and analysis, the development and use of statistical methods and information, and the consultative services provided particular State agencies in connection with specific administrative areas of their programs.

Since 1943, when program expansion was given impetus by enactment of amendments providing for an expanded list of services, emphasis has been placed on developing suitable organizational structures and administrative practices to meet the requirements of State rehabilitation agencies, and on the development of policies, procedures, and standards to ensure an adequate program of rehabilitation. These aspects of administration continued in importance during the past year. Emphasis, however, shifted to consolidating and strengthening the total administrative process, particularly to developing workload standards relating to staff requirements and over-all agency needs.

The close relationship between planning, organization, and fiscal services and actual operations in providing rehabilitation services to the disabled is increasingly evident. Administrative, budgetary, and fiscal problems of the State agencies which, unsolved, would tend to increase costs unnecessarily or impair the effectiveness of the services were sought out and resolved while at the same time standards and principles were developed to provide sound bases for fiscal and administrative activities. To this end, the Office of Vocational Rehabilitation explored with the States a variety of methods for estimating the needs of State agencies and developed criteria for use in applying the methods selected. This process of estimating the needs of State agencies and forecasting the amounts to be made available to States involves careful compilation and analysis for each State agency of

such basic data as workload, staffing, expenditures for case services, and costs of providing all rehabilitation services, and relating these data to the funds available and the job to be done. Although much has been done in this area, there is need for continuing evaluation of the methods and criteria currently in use and for study of possible refinements or revisions.

Not only the success or failure of providing necessary rehabilitation services to disabled individuals but also the comparative cost of providing these services are unalterably tied to the administrative decisions and to organization and staffing plans of a State agency. It must be ascertained that the structure of the agency is related to the functions to be performed, to the size and type of specific State rehabilitation problems and their relationship to the geographic areas in which the program must operate, and to the anticipated case load, which includes not only the number of disabled to be served but also the variety of disabilities represented. It should also be determined that the organization structure as well as the type and quality of staff will provide a framework which facilitates the coordination of activities in getting the job done. Lastly, there should be a continuing plan for day to day activities as well as for long-range program operations and possible agency expansion, carefully calibrated against all fiscal implications. During the year these and many other related questions were analyzed and discussed in conferences with State agency representatives. This type of analysis and evaluation was particularly useful in reviewing the budget estimates of State agencies and in determining amounts of Federal funds to be granted in relation to the agency's organization and staffing patterns and program needs.

As a means of assisting State agencies in analyzing their staffing plans in relation to the immediate job to be done and for estimating future needs, the Office of Vocational Rehabilitation developed criteria against which these plans could be measured. A work sheet and instructions were developed to facilitate the analysis and help achieve uniform interpretation and application of the criteria. Since counseling is the core of rehabilitation and is present at each stage of the process, agency staffing plans are analyzed in relation to the counseling job to be done. This is determined by giving consideration to the number of disabled individuals to be served, and the average case load of disabled persons it has been determined a counselor can handle. After determining the number of counselors required, the needs of the agency with respect to administrative, supervisory, consultant, and clerical personnel must then be established.

The methods and devices used in making these determinations proved particularly helpful in analyzing each State agency's current staffing pattern and in applying the ratios established in the criteria

on staffing to the present situation and to future plans. Members of the Office of Vocational Rehabilitation staff met with many State Directors to assist with this analysis, both in connection with their 1948 programs and their plans for 1949. There were also consultations and conferences with committees of State Directors and the Executive Committee of the States' Rehabilitation Council to discuss the development and application of criteria and to consider methods for estimating the needs of State agencies in connection with certifying Federal funds.

In addition to the services described above, consultative services were provided to selected State agencies on other matters of administration. This was done during trips to the States as well as in conferences in the central office with State agency representatives and indirectly through correspondence and the issuance of standards and procedural materials.

Notable among this type of service were studies of the work flow and recording procedures in State agencies, which pointed the way for the States to overcome some difficulties they had encountered in this area of their operations.

On-the-spot assistance was given in several States in connection with the most effective utilization of staff. As a result of the study and recommendations, some agencies revised organization or operating practices to bring more adequate counseling service to the clients.

The effectiveness of the vocational rehabilitation program depends to a large extent on the provision made by States to bring the necessary rehabilitation services to the disabled. The goal is to provide the highest quality of services to all eligible disabled. Another method used by the Office of Vocational Rehabilitation to assist the States toward achieving this goal is the development and issuance of standards as guides in program development and agency operation. These criteria assist the program director to improve the processes of the agency and also to measure the effectiveness with which the agency is meeting its responsibility to the disabled.

In developing standards, the Office invites State agency participation and works with special committees of the States' Rehabilitation Council. Among the standards issued during the past year were those on educational leave and on occupational tools and equipment. A committee of the States' Rehabilitation Council met with members of this Office on developing standards on educational leave. Other committees of the Council worked with the staff on standards with respect to functions of State agencies, State program evaluation, and criteria for making grants to States. These committees will remain active during the study and developmental period necessary before the standards are issued.

As indicated above, the annual fiscal audits together with other financial reports and records continue to provide a reliable picture of State agency operations and a basis for program planning. Seventy-eight fiscal audits were made and 470 financial reports and budgets were analyzed during the past year. The number of grants prepared during the year totaled 415 and amounted to \$17,979,524.

Late in the year the fiscal auditing function was transferred to the Office of Federal-State Relations. The Office of Vocational Rehabilitation nevertheless continues to have responsibility for taking the necessary administrative action on all audits made. Criteria are being developed for the review of audit reports and for conducting budget hearings for use of Regional Representatives.

Services Provided by States in 1948

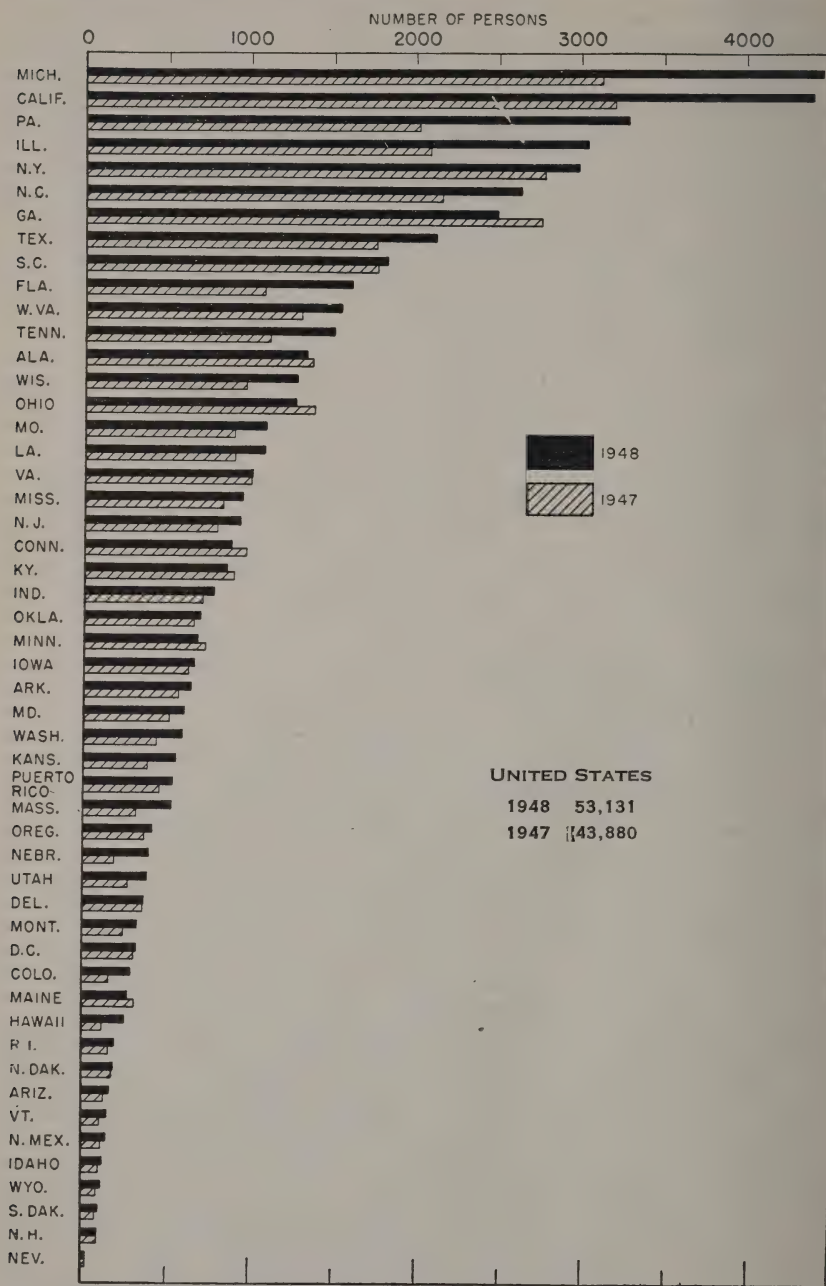
All but seven State agencies showed an increase in the number of fully rehabilitated men and women last fiscal year. This, together with the increase in number and quality of services provided the disabled, further confirms the logic and feasibility of the State-Federal partnership.

NUMBER OF PERSONS SERVED

Rehabilitations reached an all-time high during the fiscal year 1948 when 53,131 disabled persons completed services under the sponsorship of the State rehabilitation agencies and the commissions or other agencies for the blind. Rehabilitation services are completed when a disabled individual is placed on a job for which he has been prepared and for which he is considered most capable. The fact that over 9,000 (21 percent) more persons were rehabilitated in the fiscal year 1948 than in 1947 indicates that the State rehabilitation agencies are making impressive strides in their task to meet the goal of bringing rehabilitation to every disabled civilian in need of it.

Not only did the number of rehabilitants increase but the total number of persons on the registers rose to 347,753—also the highest level in the 28-year history of the program. Of this number, 191,035 received some rehabilitation services during 1948, while the cases of 95,734 were being investigated at the end of the year in order to determine eligibility for rehabilitation.

Of the 191,035 persons who received some services during the year, 117,776 were still undergoing rehabilitation on June 30, 1948. This number represented an increase of 15 percent over the 1947 total. The upswing was reflected by the larger number of persons, at the end

Chart 1.—Number of persons rehabilitated, by State, fiscal years 1947 and 1948¹¹ Represent persons rehabilitated by general agencies and agencies for the blind.

of the fiscal year, in each of the eight categories which represent progressive stages of rehabilitation. These numbers do not include all persons who had been in each of these stages at some time during the year, but only those who were in the respective stages at year's end. Many more persons had passed through these stages during the year. For instance, all 191,035 persons who received some vocational rehabilitation services had received counseling and guidance at the very least.

Among persons in the various stages of rehabilitation at the end of the year, the most appreciable rise (31 percent) was in the group of 7,396 vocationally disabled persons for whom all services except placement had been completed. All were ready to enter employment and were awaiting a suitable job opening. The next highest increase (30 percent) was in the number of persons receiving counseling and planning assistance at the end of the year, preparatory to the formulation of a rehabilitation plan; they totaled 19,184 on June 30, 1948, as compared with 14,734 a year earlier. This phase of rehabilitation involves the active participation of the client in arriving at a sound program for his rehabilitation. Plans, which the respective clients had cooperated with the State agency in designing, were completed, but at the year's end had not been initiated for an additional 6,917 persons, while the cases of 31,186 persons were undergoing diagnosis and evaluation on June 30, 1948. Those who were receiving physical restoration, such as medical or psychiatric treatment or the fitting of an appliance, totaled 11,777, or 29 percent more than on June 30, 1947. Training was being provided 26,172 persons on June 30, 1948, compared with 23,117 a year earlier. Another 9,229 persons had been placed in employment and at year's end were being given follow-up services, to insure adequate adjustment to the rehabilitation job, before their cases were closed. Because of individual differences, the extent and type of follow-up services vary with each individual. If he cannot adjust to the first job in which he is placed, another more compatible job is found for him. Services for 5,915 persons were temporarily interrupted at the end of the year for causes such as illness or family reasons.

Of the 73,259 cases closed from the group of 191,035 served during the year, 53,131 or 72 percent were fully rehabilitated. Another 16,244 were closed while undergoing case diagnosis, or during counseling-planning or before the rehabilitation plan was initiated. Over a 2-year period there was a downward trend in this group, probably attributable to the more rigid screening of cases inaugurated when the revised reporting system was installed on July 1, 1946. The reasons usually given for closure at this stage were indifference of the client, increase in the degree of disability, loss of contact with the client,

further services not needed, and so on. Some 868 cases were transferred to an outside agency, such as Veterans Administration, or to other State rehabilitation agencies. The cases of 3,016 persons were terminated without placement in a job after they had received rehabilitation services in addition to counseling and planning. Personal factors, death, illness, aggravation of disability, and so forth, were causes for closure in these unemployed cases, which represent only 4 percent of all cases closed from the active rolls during the year.

SOURCES AND NUMBER OF REFERRALS

Sources that refer the disabled to the various State rehabilitation agencies perform a most important service (Chart 2). The Office of Vocational Rehabilitation has formal cooperative arrangements with 23 public and private agencies interested in the well-being of the handicapped. The integration of these formal relationships is carried through at the State and local levels. The work of rehabilitation could not go forward without the active cooperation of these agencies. That there has been such cooperation is evidenced by the fact that almost every agency referred a larger number of clients for rehabilitation in 1948 than in 1947. The 157,000 cases referred represents a 9-percent increase over the 144,000 referred during the preceding fiscal year.

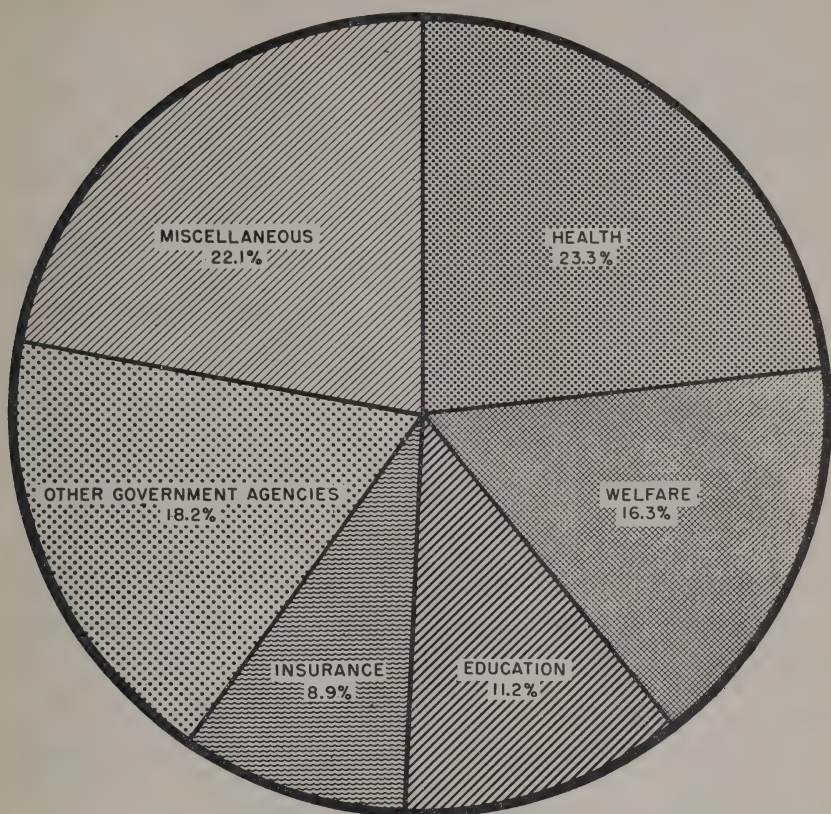
Schools, hospitals, sanatoria, other health agencies, and physicians referred one-third of the total group. These agencies are in a unique position to help make known to the disabled the benefits of rehabilitation soon after disability has occurred. One of the most difficult problems in rehabilitation is to reach the disabled as early as possible after disablement and before the debilitating effects on mind and body have weakened the will and the ability to make a come-back.

Public and private welfare agencies, the American Red Cross, and community advisory centers sent to the State rehabilitation agencies and commissions or other agencies for the blind the next largest proportion—20 percent—of all referrals during 1948. The State employment services referred next to the largest number for any one agency, or 12 percent, of all referrals.

From State workmen's compensation agencies and other insurance groups came another 8 percent, while artificial limb companies, employers, labor unions, interested individuals, various governmental agencies other than the State employment services were the media through which the remaining 27 percent became known to the State rehabilitation agencies and agencies for the blind.

Following referral, a client is placed in referred status while his case is being investigated for determination of eligibility and for diagnosis

Chart 2.—Percentage distribution of persons referred for rehabilitation, by source of referral, fiscal year 1948



of an employment handicap. At the beginning of 1948, there were 88,113 persons in referred status. During the year, 156,934 new referrals were added, representing 64 percent of the 245,047 cases in referred status during 1948. Of the total number, 60,984 cases were closed as ineligible, not interested in rehabilitation, not in need of rehabilitation, in need of services other than rehabilitation, referred to other agencies, and so on. A larger group, 88,329, were accepted for service and became part of the active rolls. The other 95,734 cases were carried over into the 1949 fiscal year for determination of eligibility.

SERVICES INCREASE MARKEDLY

Vocational rehabilitation, being concerned with the total adjustment of the disabled individual in achieving the ultimate aim of job

placement, requires the provision of comprehensive and well-rounded services. To furnish these services the State rehabilitation agencies use the existing facilities in the client's community or elsewhere within his State. When these are lacking, they utilize the facilities of other States. For example, because of the lack of centers within the several States, many commissions or other agencies for the blind send their blind clients across State lines to the few centers that have been organized to train the blind in travel, self-care, and acquisition of vocational skills. Many States also lack centers where training in the use of artificial appliances may be found, where paraplegics can be treated and given training in personal care, and where epileptics may obtain diagnosis to determine proper medication to reduce and control seizures.

Some services are provided by the staffs of the State rehabilitation agencies. Most are purchased, while others are obtained from the available facilities without cost to the agencies or are paid for from funds supplied by interested individuals, by private agencies, and by the clients themselves to the extent that they are able to contribute financially toward their rehabilitation.

During the initial period after a person is referred, it is necessary to establish eligibility of the client for rehabilitation; to determine the client's need of and probable receptivity to rehabilitation; to diagnose his case from a study based upon family, school, work and social histories, medical examinations and, when indicated, psychological tests. In general, these services are provided by the staffs of the State rehabilitation agencies. The State staffs also provide counseling and guidance, not only during the initial period but also during the entire time the case is in process of rehabilitation.

During the past two fiscal years, comprehensive information on services was available. The following presentation gives some idea of the extent to which each of these services was provided to the persons on the registers. The number of persons to whom each type of service was furnished is shown in table 7 of the appendix.

The number of diagnostic examinations rose sharply. Psychological tests, some of which are provided by the staffs of the rehabilitation agencies, increased 28 percent over the 1947 figure. Medical examinations by general practitioners and by specialists and psychiatric examinations increased by nearly 22 percent.

Services aimed toward the physical reconstruction of the individual include surgery and medical treatment along with hospitalization, and nursing and convalescent care. Important, too, in attaining maximum reconditioning are physical, occupational, and work therapy which are given when occasion demands.

Medical, psychiatric, surgical, and dental treatments during 1948

increased 20 to 30 percent. The upswing in psychiatric examinations and treatment is a particularly significant factor, for the rehabilitation of the mentally ill is a comparatively new undertaking into which the State rehabilitation agencies have proceeded cautiously.

The number of hospitalization services surpassed that of the previous year by nearly one-third, while the three most commonly used therapies—physical, occupational, and work—increased by about two-thirds.

Appliances, often essential to the physical reconditioning of an individual, include dentures, limbs, braces, hearing aids, glasses or artificial eyes as well as various surgical aids, such as trusses, belts, orthopedic shoes, and crutches.

Among the appliances supplied during 1948, hearing aids showed the greatest rise over 1947, 50 percent, with surgical aids and dentures each having surpassed the 1947 record by about 40 percent. The great uptrend in hearing aids reflects the greater number and proportion of hard-of-hearing persons being served. The number of glasses and artificial eyes furnished in 1948 was about 25 percent more than in 1947.

Training for clients is purchased or obtained from colleges and universities, public and private vocational and trade schools, correspondence schools, and tutors. Employment training within industry is being utilized with increasing frequency. Such training provides for working at a job under conditions generally comparable to apprenticeship. Training of disabled persons in industry is governed by organized labor standards, State labor legislation and standards, and the rules and regulations of the Wage and Hour Division of the Department of Labor. This on-the-job training gained by 10 percent.

Of all training services in 1948, tutorial showed the greatest increase—38 percent—primarily because of the greater number of *severely* disabled persons served. Frequently these men and women are homebound and unable to attend assembled classes. Consequently special training and other special services are necessary to bring them to self-sustaining status.

Materials provided incidental to training rose by 13 percent. The number of courses obtained through the aid of educational institutions increased by seven percent while correspondence and extension courses increased about 2 percent.

Very often a disabled person is assisted in taking a job or establishing a business for which he needs occupational tools, equipment and licenses. The number of tools and equipment supplied during 1948 surpassed the 1947 figure by 19 percent, while licenses increased by 38 percent.

Auxiliary to all these services is financial assistance for maintenance for the client, where necessary, during the period of rehabilitation and for transportation costs incidental to case diagnosis, training, physical restoration, or placement. The provision for maintenance rose by 10 percent. For transportation the increase amounted to more than 35 percent. These expenses may be met from public funds only to the extent of the disabled person's financial inability to take care of them.

Characteristics of Rehabilitants

The scope and the character of the rehabilitation program for disabled civilians administered by the State vocational rehabilitation agencies and by the State commissions or other agencies for the blind can be evaluated from a statistical study of the cases recently rehabilitated. What, for example, are the disabilities of the civilians now being rehabilitated? What is the average age of a rehabilitant? What is his educational background? His economic status? How long was he on the rolls of the rehabilitation agency before he was rehabilitated? What rehabilitation services did he receive? What was his rehabilitation job? His wage on the job?

WHO WERE THE REHABILITANTS?

Men constituted 72 percent and women 28 percent of the 53,131 persons rehabilitated during the 1948 fiscal year. This indicates that relatively as many women are receiving services as their number in the working population. No significant differences appear to exist between the proportions of white and Negro rehabilitants in 1948 and those in 1947. Eleven percent of the 1948 rehabilitants were Negroes. This is slightly above their proportion of the population.

The median age at the time of the survey of the disabled who were rehabilitated in 1948 was 31. The age of the individual was recorded at the time his case history was recorded. As the process of rehabilitation takes about a year to complete, the average age for a 1948 rehabilitant was 32.

More than two-fifths of the rehabilitants were married, approximately the same proportion had dependents, and about 66 percent of those with dependents had more than one.

WHAT WAS THEIR ECONOMIC STATUS?

Before rehabilitation, about 45 percent of the group were dependent upon their families for support, 8 percent lived on their insurance

benefits, about 8 percent received public assistance, and only 29 percent were living on their wage earnings. As support from family budgets is becoming increasingly difficult as a result of changing economic conditions, and as insurance benefits and assistance payments do not continue indefinitely, one can readily see that the economic status of the 1948 group before rehabilitation was rather low.

Although three-tenths of the group were supporting themselves from their wage earnings at the time of survey, a sizable proportion of this group were not currently earning wages but were living on their savings. Only 23 percent of the total group were earning wages at the time the rehabilitation process was started, and some were earning only a part of the money required for their support. They had to depend on their families or on public assistance for the remainder. In the long run, an individual's economic security depends on the amount of income he can rely on year after year. However, even the wage earnings of some persons did not always come from reasonably permanent sources, because the jobs were only temporary or part-time. More individuals met their financial needs by obtaining public assistance, or by support from their families in 1948. The percentage rose from 50 percent in 1947 to 53 percent in 1948.

WHAT WERE THEIR DISABILITIES?

Amputations or congenital absence of members constituted the disabilities of 7,276 of the 1948 rehabilitants. Persons with impairment of limbs, etc., as a result of injury or disease numbered 17,042. This group included 3,269 persons who had impairments as a result of poliomyelitis; 1,406, from arthritis; 841, from cerebral palsy; and 445, from diabetes. There were 6,200 persons with serious visual defects, 2,569 of whom were blind. The deaf totaled 1,064, and the hard of hearing 3,436. Pulmonary tuberculosis was the disability of 4,433 persons while cardiac disorders caused the disability of 2,125 others. Rehabilitants with mental disorders constituted 3,237, while the remaining 8,318 were disabled from speech defects, hernia, stomach ulcers, asthma, and the like.

WHAT SERVICES DID THE REHABILITANTS RECEIVE?

The concept of rehabilitation evolves as a continuous process of services to the individual which begins when the diagnosis is made and ends only with his optimum medical, social, and economic adjustment. Rehabilitants in 1948 were given services related to their individual needs and ultimate rehabilitation requirements.

About 29 percent of the rehabilitants were given vocational training

so that they could either develop entirely new skills or complete instruction in suitable skills required for placement. About 25 percent of the 1948 rehabilitants who received training were trained in college or in universities, 18 percent in business establishments, 20 percent in business colleges, 14 percent in private trade schools, 8 percent in public vocational schools and the remaining 15 percent by tutors, or through correspondence courses, and so forth. Supplementary training in addition to vocational training was given to a small proportion of the rehabilitants.

Without an adequate medical diagnosis and medical appraisal of his working ability, the handicapped individual could not be scientifically guided, trained, and placed in a job. All the 1948 rehabilitants were given guidance, counseling, and placement services. An important part of the counseling and guidance services is the medical appraisal.

About 41 percent received physical restoration services. A small proportion of these—5 percent—also received training and about 2 percent were given auxiliary services (placement equipment and occupational licenses). Physical restoration services include medical treatments, hospitalization, nursing care, and artificial appliances. About 2 percent of all rehabilitants received both training and auxiliary services.

Although there was a relative decrease in the number of rehabilitants who received training, there was an increase in the number of persons who received some services, such as surgical treatments, hospitalization, psychiatric examinations, and psychological tests.

WHAT WERE THEIR REHABILITATION JOBS?

Probably the most significant conclusion to be made from an examination of the various jobs in which the rehabilitants were placed is the great range of training and of skill requirements represented. Approximately 16 percent of the group were placed in skilled occupations, such as watchmakers, jewelers, and automobile mechanics. About 15 percent were placed in clerical occupations, such as typists, stenographers, general office workers, and bank clerks. About 15 percent were placed in semiskilled occupations and 14 percent in service occupations, while 9 percent were placed in unskilled jobs. About 8 percent were placed in professional or semiprofessional occupations, such as teachers, engineers, accountants, and draftsmen. The remaining persons were placed in managerial jobs or in sales and related positions, or became agricultural or family workers. It is clear that a handicapped person, through rehabilitation, is fully capable either of exercising the skills he acquired before he became

disabled or of learning new skills in keeping with his physical and mental capacities.

WHAT WERE THEIR EARNINGS?

About 77 percent of the persons rehabilitated in 1948 were unemployed at the time the process of rehabilitation started. Some of the persons who were working were not able to live on their earnings but were receiving assistance from friends, relief organizations, and other sources. Others were earning wages but were in danger of losing their jobs because of their disabilities. The annual earnings before rehabilitation were at the rate of \$17 million for the group. After rehabilitation, 46,818 of the 53,131 persons were in jobs with total annual earnings at the rate of \$86 million. Of the remaining 6,313, the earnings of 6,157 farmers or family workers were not estimated and the wages of 156 rehabilitants were not reported.

IS REHABILITATION WORTH WHILE?

Vocational rehabilitation is a sound financial investment. The program last year cost an average of about \$460 per rehabilitation. It costs approximately the same amount to maintain a person in dependency for just one year. On the other hand the total cost of rehabilitating 53,131 persons will be more than repaid in a few years to the State and Federal Governments in the form of income taxes from the wages of these persons, earned on the rehabilitation jobs.

Perhaps the success of rehabilitation in 1948 can best be illustrated by two actual case histories. For example, a 16-year-old boy, disabled because of hemiplegia in his left side and with defective vision, was a 1948 rehabilitant. He had dropped out of high school in his first year and was totally unprepared for any type of work. After the State rehabilitation agency had analyzed his aptitude tests, a course of bookkeeping and typing was arranged for him. Because of continued evidence of personal maladjustment, a psychiatric examination was made with a finding of emotional instability and the need for psychotherapy. Little could be done to reduce the physical disability but, as a result of the services provided, the boy secured a regular job and is now well adjusted. He is now earning \$75 a week as a demonstrator of home furnishings.

Another 1948 rehabilitant was a man who was disabled in both feet and in his left arm from poliomyelitis and dependent on his family for support. After training, he was placed in a job as high-school teacher at \$75 a week.

These cases are not unusual, but are representative.

District of Columbia Rehabilitation Service

In the District of Columbia, the program of vocational rehabilitation is administered by the Office of Vocational Rehabilitation through the District of Columbia Rehabilitation Service.

In the fiscal year 1948, the case load of that Service reached a total of 3,519. Notwithstanding an abnormal amount of turn-over in staff, resulting from displacement of war-service employees by permanent employees, the Service completed the rehabilitation of 321 disabled persons, slightly more than the number in the 1947 fiscal year. On June 30, 1948, 1,064 persons were in process of rehabilitation. Case diagnoses were being made or plans of rehabilitation were being formulated for 459 of them. At the year's end, 284 disabled persons were in the training or physical restoration stage of service, while services except placement had been completed for 224 persons. Thirty-eight persons had been placed after completion of other services and at the close of the year were being followed up to make sure that placement was satisfactory both to the disabled persons and to the employers. Services for 59 persons had been temporarily interrupted for personal reasons.

Of the new referrals received during the year, 327 came from the United States Employment Service, 288 from health sources such as hospitals, clinics, and doctors, and 143 from self-referrals. These represented nearly two-thirds of all the referrals received.

During 1948, the persons on the registers of the District Rehabilitation Service were provided with 1,655 medical and psychiatric examinations, of which 676 were obtained without cost. Psychological tests totaled 230, of which 205 were obtained without cost. A total of 190 medical, psychiatric, surgical and dental treatments, 250 training courses, and 96 prosthetic appliances were provided.

The District of Columbia Rehabilitation Service, through its Rehabilitation Advisory Council and Medical Advisory Committee, took an active part during the year in community action to expand the community's physical medicine facilities. The newly established physical medicine departments of George Washington University and Georgetown University hospitals are being made available to disabled clients in need of physical and occupational therapy. Arrangements have also been made for these institutions to refer to the Rehabilitation Service disabled persons who need guidance and other rehabilitation services. The Physical Medicine Department of the George Washington University Hospital has appointed a counselor to the staff of the Rehabilitation Service to participate in case conferences

at the hospital so that, as the recovery of the patient progresses, this staff member can explain what the Service may be able to do for the patient's vocational adjustment.

During the second half of the fiscal year, a medical consultant on a half-time basis was appointed to the staff. Besides the day-to-day consultations on individual cases, he has also taken an active part in advising the medical profession how they may utilize the Service in finding suitable employment for their patients, in keeping with the patients' limited capacities.

In October 1947, the District of Columbia Rehabilitation Service was host to a 5-week training conference for industrial placement counselors for the blind from various States. Local facilities of industrial firms as well as training institutions were utilized during this training conference.

The District of Columbia Rehabilitation Service is designated as the licensing agency in the District of Columbia for the administration of the vending stand program in Federal and other buildings under the Randolph-Sheppard Act. At the end of the fiscal year 1948 there were 57 stands in operation. The average annual earnings of the blind operators employed on these stands were about \$3,500.

The National Goal

Despite the success of the program, we are still far from doing the job that needs to be done. There are at least 1,500,000 disabled men and women who require rehabilitation services to enable them to become self-supporting. Each year accidents, disease and congenital causes produce 250,000 disabled Americans who need to be rehabilitated and whose rehabilitation could be more effective and more economical if provided promptly, before the weakening and disintegrating effects of protracted disablement have made the job more difficult and more costly.

To meet the needs of the disabled, to protect our economy, to restore, preserve and develop our production potential, the following recommendations require full consideration and prompt action:

Full rehabilitation services, physical and vocational, should be available to all who need them, without regard to race, religion, place of residence, or personal economic status. As soon as possible, we should have the funds and facilities necessary to keep rehabilitations abreast of the annual toll of 250,000 disabled men and women.

Coordination of services will need to be accompanied by a much stronger emphasis on the physical aspects of restoring the handicapped.

Special facilities and workshops with highly trained personnel are required. People with heart disease or tuberculosis, for example, need help over a considerable period so that they can gradually develop and enlarge their capacity for work before entering competitive employment; otherwise, they may suffer a recurrence of their disease.

A planned system of hospital services, plus a similar system of rehabilitation centers will be needed to provide full physical restorative services before vocational work can begin. Rehabilitation services directed toward specific job objectives will be included in many of the hospitals being constructed under the Hospital Survey and Construction Act of 1946.

The Nation will need a number of major rehabilitation centers, providing fully comprehensive services—in addition to more specialized units—to meet our goal of rehabilitating 250,000 handicapped workers. Facilities already established by private agencies should be tied in with such a Nation-wide system, and should be assisted with Federal-State funds under the program. Other local rehabilitation services should be developed in communities along with the expanding programs of hospital and public health services.

Federal appropriations for grants to States for the fiscal years 1948 and 1949 were held to \$18,000,000 each year. State appropriations for 1948 amounted to \$7,000,000 and for 1949 approximately \$8,500,000 of State funds will be available. To reach our goal of completing vocational rehabilitation of 250,000 disabled individuals a year, public funds should be increased gradually until we have adequate resources to do the complete job. This should not require an increase in funds proportionate to the increase in rehabilitations.

Before a comprehensive expansion of rehabilitation centers and facilities can be undertaken, a survey should be made to determine exact needs and the most useful locations. Such a study would also indicate methods by which physicians, hospitals and public health services could cooperate in meeting rehabilitation needs.

The extent of disability among the civilian population, the suffering and economic loss entailed, and the potentialities of handicapped people for being restored to more rewarding and productive lives, are not generally understood among the public, nor among the rank and file of the medical and other professional groups. As part of the plan for rehabilitating the disabled, it will be essential to conduct a program of information. The available supply of specially skilled persons in the medical and allied fields could be employed much more effectively if there were broader understanding of what rehabilitation means, and what it can do in our communities.

Strong encouragement should be given by the Federal Government to educational institutions to train adequate rehabilitation personnel.

The improved rehabilitation techniques developed in the armed services and by the Veterans Administration demonstrate overwhelmingly the value of research directed toward the specific problems of the disabled. We need new knowledge, however, of the psychological and physical effects of disablement. We need new methods and techniques for the physical, social and vocational adjustment of disabled persons. We need especially to know more about what is necessary to prevent or minimize the disabling effects of blindness, amputation, epilepsy, various types of paralysis and other disabilities. Studies would also assist in determining the actual capacities and aptitudes of the handicapped for various types of work.

To implement one aspect of such needed research, we recommend prompt establishment of a national research and adjustment center for the blind.

We recommend also that necessary funds be made available to continue research into the vocational rehabilitation potentiality of persons who are disabled by heart disease.

The welfare of the Nation depends upon the wisest utilization of all our resources. Through the restoration of vocationally handicapped persons to productive usefulness, the State-Federal vocational rehabilitation program provides one of our greatest and most successful opportunities for the development and conservation of our human resources.

Table 1.—Chronological listing of training institutes, workshops, and conferences from July 1, 1947–June 30, 1948

Type	Place	Dates	Attendance	Region ²
Commercial specialists for blind ¹	Washington, D. C.	July 14-25.....	23	All
Workshop, administrators large area small population States. ¹	Fort Collins Colo.	Aug 11-16, 1947...	15	V, VI, VII, VIII
Accountants and statisticians.....	San Francisco, Calif.	Aug. 13-15, 1947...	14	VII, VIII
Orientation, special techniques, counseling blind.	.....do.....	Aug. 18-29, 1947...	15	VII, VIII
Physical restoration conference.....	.....do.....	Sept. 2-4, 1947.....	23	VII, VIII
Industrial specialists for blind.....	Washington, D. C.	Oct. 13-Nov. 15, 1947.	9	II, III, IV, VI
Workshop, supervisors of guidance, training and placement. ¹	.....do.....	Dec. 8-12, 1947....	17	All
Orientation.....	Springfield, Mo....	Mar. 7-13, 1948....	69	VI
Workshop, special techniques, rehabilitation of tuberculous.	Atlanta, Ga.....	Apr. 12-14, 1948....	22	III

¹ The first of its kind.

² Regions enumerated were those in existence before July 9, 1948, when the field activities of all units in the Federal Security Agency were centered in 10 regional offices.

Table 2.—Distribution of advisement, training, and placement activities, by State served, July 1, 1947–June 30, 1948

State	Review of case work program	Psychological consultation	Aural disabled consultation	Tuberculous consultation	Cooperation employment office	General case service
Alabama.....						x
Arizona.....		x				
California.....		x				
Connecticut.....		x	x			
District of Columbia.....			x			
Florida.....			x			x
Georgia.....	x			x		
Illinois.....		x	x			x
Indiana.....		x				x
Iowa.....						x
Kentucky.....						x
Maine.....		x			x	
Maryland.....		x				x
Michigan.....		x	x			
Minnesota.....	x					
Mississippi.....			x			x
Missouri.....	x	x		x		
Nebraska.....				x		x
New Hampshire.....						x
New Jersey.....				x		x
New Mexico.....				x		
New York.....			x			x
North Carolina.....		x	x		x	x
North Dakota.....		x				
Ohio.....	x	x				x
Oklahoma.....		x	x			
Oregon.....		x				x
Pennsylvania.....						x
Rhode Island.....						x
South Carolina.....		x				x
Tennessee.....			x			
Texas.....		x				x
Vermont.....						x
Virginia.....			x			
Washington.....		x				x
West Virginia.....	x	x				
Wisconsin.....	x	x				x
Total.....	6	19	11	5	2	22

Table 3.—Summary of case load during fiscal year ended June 30, 1948

[Corrected to Sept. 1, 1948]

Total number of cases registered.....	347,753
1. Cases receiving services.....	191,035
a. Closed—employed—rehabilitated.....	53,131
b. Closed—unemployed ¹	3,016
c. Closed—transferred to other agency.....	868
d. Closed—other reasons ²	16,244
e. Active case roll ³	117,776
2. Cases closed from referred status ⁴	60,984
3. Cases in referred status ⁵	95,734

¹ Closed after rehabilitation plan was agreed upon and approved by supervising official; received rehabilitation service but never reached the point of employment because of personal factors, illness, aggravated disability, etc.

² Closed following acceptance during process of counseling or prior to initiation of rehabilitation plan, because of indifference of client, probable increase in degree of disability of client, loss of contact with client, etc.

³ In process of rehabilitation on June 30, 1948.

⁴ Service declined, services not needed, individual not eligible, individual not sufficiently cooperative to make rehabilitation possible, individual needing services other than vocational rehabilitation, referred to other agencies, migratory shifting of the individual.

⁵ Eligibility for rehabilitation not determined.

Table 4.—Total case load, by agency, during fiscal year ended June 30, 1948

[Corrected to Sept. 1, 1948]

Agency ¹	Total	Number closed during fiscal year 1948					Number on rolls on June 30, 1948	
		From active case roll				From referred status ⁴	Active case roll ⁵	In referred status ⁶
		Em- ployed (rehabili- tated)	Unem- ployed ²	Trans- ferred to other agency	Other reasons ³			
Total.....	347,753	53,131	3,016	868	16,244	60,984	117,776	95,734
Alabama.....	9,541	1,341	121	28	423	547	3,988	3,093
Arizona.....	1,310	162	5	1	100	291	351	400
Arkansas.....	5,104	645	27	11	220	1,118	1,687	1,396
California.....	29,065	4,406	221	90	1,204	6,419	9,113	7,612
Colorado:								
General.....	2,183	259	10	17	172	199	611	915
Blind.....	183	27	0	0	4	39	30	83
Connecticut:								
General.....	5,570	819	109	37	459	754	2,687	705
Blind.....	211	60	23	1	2	28	77	20
Delaware:								
General.....	1,958	347	19	12	154	431	770	225
Blind.....	159	16	3	3	3	32	90	12
District of Columbia.....	3,519	321	51	15	301	1,419	1,064	348
Florida:								
General.....	7,691	1,465	132	30	164	1,887	2,387	1,626
Blind.....	1,844	146	13	4	35	414	587	645
Georgia.....	26,092	2,490	51	28	513	1,695	7,765	13,550
Hawaii:								
General.....	2,452	216	11	4	85	457	470	1,209
Blind.....	977	33	0	0	66	538	118	222
Idaho:								
General.....	1,082	110	6	6	15	300	210	435
Blind.....	95	8	1	1	3	1	42	39
Illinois.....	11,388	3,037	118	47	984	1,444	4,529	1,229
Indiana:								
General.....	5,019	705	47	32	389	251	2,827	768
Blind.....	502	76	2	5	51	21	307	40
Iowa:								
General.....	3,438	638	12	0	207	426	1,513	642
Blind.....	533	25	0	0	5	381	65	57
Kansas:								
General.....	2,647	505	15	14	105	560	892	556
Blind.....	255	48	0	1	12	11	122	61
Kentucky.....	5,845	858	11	2	559	886	1,448	2,081
Louisiana:								
General.....	4,820	1,031	30	28	400	562	2,183	586
Blind.....	391	50	7	0	10	47	158	119
Maine:								
General.....	1,907	252	31	2	133	494	512	483
Blind.....	116	16	6	0	2	29	44	19
Maryland.....	4,287	602	33	8	305	575	2,105	659
Massachusetts.....	3,999	530	36	5	169	942	1,114	1,203
Michigan:								
General.....	21,468	4,356	308	58	610	3,853	7,407	4,876
Blind.....	900	106	89	6	51	119	433	96
Minnesota:								
General.....	6,141	559	92	10	393	1,208	2,441	1,438
Blind.....	699	123	9	4	54	153	248	108
Mississippi:								
General.....	6,245	893	82	3	318	1,439	1,507	2,003
Blind.....	643	58	31	2	37	43	335	87
Missouri:								
General.....	4,245	981	44	7	132	733	1,376	972
Blind.....	761	109	24	4	39	123	380	82
Montana:								
General.....	2,317	311	9	8	36	557	720	676
Blind.....	204	11	3	1	22	17	65	85
Nebraska:								
General.....	1,807	368	16	4	17	319	722	361
Blind.....	238	24	1	2	0	26	77	108
Nevada.....	266	22	0	0	52	17	129	46
New Hampshire:								
General.....	777	74	7	5	52	157	210	272
Blind.....	60	15	0	0	10	3	23	9

See footnotes at end of table.

Table 4.—Total case load, by agency, during fiscal year ended June 30, 1948—
Continued

[Corrected to Sept. 1, 1948]

Agency ¹	Total	Number closed during fiscal year 1948					Number on rolls on June 30, 1948	
		From active case roll				From referred status ⁴	Active case roll ⁵	In referred status ⁶
		Em- ployed (rehabili- tated)	Unem- ployed ²	Trans- ferred to other agency	Other reasons ³			
New Jersey:								
General.....	4,290	865	82	22	286	676	1,871	488
Blind.....	726	73	19	7	20	136	338	133
New Mexico:								
General.....	1,190	130	31	2	50	345	327	305
Blind.....	116	13	3	1	5	5	62	27
New York:								
General.....	17,241	2,908	243	14	2,034	3,374	6,458	2,210
Blind.....	734	76	0	4	57	52	290	255
North Carolina:								
General.....	10,078	2,412	48	7	367	1,094	4,497	1,653
Blind.....	1,915	222	21	7	95	823	489	258
North Dakota:	1,420	183	3	6	74	157	470	527
Ohio:								
General.....	5,542	1,146	83	17	360	880	2,191	865
Blind.....	1,590	123	30	22	82	318	654	361
Oklahoma:	5,077	697	22	32	229	400	2,725	972
Oregon:								
General.....	4,714	368	14	10	160	1,478	1,246	1,438
Blind.....	359	43	2	1	28	96	96	93
Pennsylvania:								
General.....	23,574	3,219	53	22	422	5,755	5,867	8,236
Blind.....	4,942	67	0	1	28	931	855	3,060
Puerto Rico:	3,748	536	12	4	194	472	1,070	1,460
Rhode Island:								
General.....	1,365	172	22	7	32	323	527	282
Blind.....	96	19	1	3	9	4	56	4
South Carolina:								
General.....	6,099	1,739	37	7	119	943	2,198	1,056
Blind.....	513	84	3	8	69	91	165	93
South Dakota:								
General.....	528	74	1	0	23	49	255	126
Blind.....	104	20	0	0	3	25	39	17
Tennessee:								
General.....	9,402	1,425	47	7	352	2,410	2,098	3,063
Blind.....	871	78	13	2	29	96	387	266
Texas:								
General.....	13,413	1,892	52	24	300	1,991	4,919	4,235
Blind.....	2,651	226	18	13	76	617	538	1,183
Utah.....	2,241	381	7	13	29	265	749	797
Vermont:								
General.....	931	137	14	1	41	139	305	294
Blind.....	140	12	5	0	0	12	68	43
Virginia:								
General.....	7,421	982	31	29	615	1,359	2,655	1,750
Blind.....	289	25	14	0	3	95	80	72
Washington:								
General.....	4,031	561	48	8	171	680	1,369	1,194
Blind.....	257	31	13	5	13	20	131	44
West Virginia.....	11,723	1,546	62	1	633	2,069	2,693	4,719
Wisconsin:								
General.....	6,114	1,241	87	9	131	498	2,739	1,409
Blind.....	351	39	3	2	3	93	74	137
Wyoming.....	1,003	112	6	4	25	248	236	372

¹ In States which have two agencies, the agency under the State board of vocational education is designated as "general," and the agency under the State commission or other agency for the blind is designated as "blind."

² See footnote 1, table 3.

³ See footnote 2, table 3.

⁴ See footnote 4, table 3.

⁵ See footnote 5, table 3.

⁶ See footnote 6, table 3.

Table 5.—Number of referrals, by source of referral, fiscal year ended June 30, 1948

[Corrected to Sept. 1, 1948]

Source of referral	Total		State rehabilitation agencies		Agencies for the blind	
	Number	Percentage distribution	Number	Percentage distribution	Number	Percentage distribution
Total.....	156,981	100.0	143,140	100.0	13,841	100.0
Educational, total.....	16,544	10.5	16,172	11.3	372	2.7
Business college.....	989	.6	989	.7	0	0
Private school.....	786	.5	785	.5	1	(1)
Public school.....	13,494	8.6	13,372	9.4	122	.9
School for handicapped.....	1,275	.8	1,026	.7	249	1.8
Health, total.....	34,121	21.8	33,369	23.3	752	5.4
Crippled children's agency.....	5,203	3.3	5,199	3.6	4	(1)
State mental hospital.....	805	.5	801	.6	4	(1)
Tuberculosis sanatorium or association.....	8,597	5.6	8,596	6.0	1	(1)
Marine hospital or relief station.....	344	.2	342	.2	2	(1)
Other hospital or clinic.....	5,423	3.5	5,112	3.6	311	2.3
Other health agency.....	5,873	3.7	5,730	4.0	143	1.0
Physician.....	7,876	5.0	7,589	5.3	287	2.1
Insurance, total.....	12,552	8.0	12,491	8.7	61	.4
Insurance company.....	334	.2	332	.2	2	(1)
Bureau of Old-Age and Survivors Insurance.....	810	.5	801	.6	9	.1
State workmen's compensation agency.....	10,001	6.4	9,957	6.9	44	.3
U. S. Employees' Compensation Commission.....	1,407	.9	1,401	1.0	6	(1)
Welfare, total.....	31,307	19.9	23,409	16.4	7,898	57.1
American Red Cross.....	1,146	.7	1,123	.8	23	.2
Public welfare agency.....	27,020	17.2	19,521	13.6	7,499	54.2
Private welfare agency.....	2,901	1.8	2,529	1.8	372	2.7
Community advisory center.....	240	.2	236	.2	4	(1)
Other Government agencies, total.....	28,669	18.3	26,169	18.3	2,500	18.1
Selective Service System.....	928	.6	189	.1	739	5.3
State vocational rehabilitation agency.....	4,007	2.6	2,769	1.9	1,238	9.0
State employment service.....	18,532	11.8	18,262	12.8	270	2.0
Veterans Administration.....	1,959	1.2	1,830	1.3	129	.9
Maritime Commission.....	43	(1)	43	(1)	0	0
Public official.....	1,680	1.1	1,647	1.2	33	.2
U. S. Civil Service Commission.....	105	.1	105	.1	0	.0
Other Government agency.....	1,415	.9	1,324	.9	91	.7
Miscellaneous, total.....	33,788	21.5	31,530	22.0	2,258	16.3
Artificial appliance company.....	3,088	2.0	3,087	2.2	1	(1)
Employer.....	908	.6	877	.6	31	.2
Labor union.....	852	.5	848	.6	4	(1)
News item, publicity, radio.....	2,664	1.7	2,617	1.8	47	.3
Other individual.....	12,940	8.2	12,080	8.4	860	6.2
Self-referred.....	12,594	8.0	11,399	8.0	1,195	8.7
Other.....	742	.5	622	.4	120	.9

¹ Less than 0.05 percent.

Table 6.—*Number of persons rehabilitated by State rehabilitation agencies and commissions or other agencies for the blind, by type of job or occupation at closure, fiscal year ended June 30, 1948*

Job or occupation at closure	1948	
	Number of persons	Percentage distribution
Total.....	53,131	100.0
Professional, total.....	2,749	5.2
Accountants and auditors.....	254	.5
Authors, editors, and reporters.....	109	.2
Clergymen.....	121	.2
College teachers and instructors.....	119	.2
Engineers.....	274	.5
Musicians.....	158	.3
Social and welfare workers.....	123	.2
Teachers.....	988	2.0
Trained nurses.....	122	.2
Other professional.....	481	.9
Semiprofessional, total.....	1,320	2.5
Commercial artists.....	108	.2
Draftsmen.....	269	.5
Laboratory technicians.....	410	.8
Photographers.....	73	.1
Other semiprofessional.....	460	.9
Managerial and official, total.....	969	1.8
Hotel and restaurant managers.....	118	.2
Retail managers.....	336	.6
Other managerial.....	515	1.0
Clerical, total.....	7,955	15.0
Bookkeepers.....	1,546	2.9
Checkers.....	104	.2
Clerks, general and office.....	1,540	2.9
General industry clerks.....	470	.9
Messengers and errand boys.....	215	.4
Office machine operators.....	232	.4
Secretaries.....	577	1.1
Shipping and receiving clerks.....	310	.6
Stenographers and typists.....	1,227	2.3
Stock clerks.....	583	1.1
Other clerical.....	1,151	2.2
Sales and kindred, total.....	3,176	6.0
Canvassers and solicitors.....	313	.6
Salesmen, insurance.....	172	.3
Hucksters and peddlers.....	452	.9
Sales clerks.....	637	1.2
Sales persons.....	609	1.1
Salesmen, to consumers.....	209	.4
Salesmen, except to consumers.....	563	1.1
Other sales.....	221	.4
Service occupations, total.....	7,533	14.2
Domestic service, total.....	1,707	3.2
Housekeepers, private family.....	330	.6
Housemen and yardmen.....	258	.5
Maids, general.....	566	1.1
Miscellaneous.....	553	1.0
Personal service, total.....	3,145	5.9
Bartenders.....	126	.2
Cooks, except private family.....	277	.5
Waiters and waitresses.....	482	.9
Kitchen workers in hotels, etc.....	592	1.1
Barbers and beauticians.....	569	1.1
Attendants, hospitals.....	344	.6
Other personal service.....	755	1.5

Table 6.—Number of persons rehabilitated by State rehabilitation agencies and commissions or other agencies for the blind, by type of job or occupation at closure, fiscal year ended June 30, 1948—Continued

Job or occupation at closure	1948	
	Number of persons	Percentage distribution
Protective service, total.....	844	1.7
Guards and watchmen.....	642	1.2
Soldiers, sailors, marine and coast guardsmen.....	152	.3
Other.....	90	.2
Building service, total.....	1,797	3.4
Janitors and sextons.....	812	1.5
Porters.....	575	1.1
Elevator operators.....	319	.6
Other.....	91	.2
Agricultural and kindred, total.....	4,221	7.9
General farmers.....	1,974	3.7
Other farmers.....	392	.7
Farm hands.....	1,174	2.2
Gardeners and grounds keepers.....	318	.6
Other.....	363	.7
Skilled occupations, total.....	8,654	16.2
Dressmakers.....	578	1.1
Weavers, textile.....	193	.4
Cabinet makers.....	220	.4
Shoe repairman.....	413	.8
Jewelers and watchmakers.....	694	1.3
Machinists.....	209	.4
Electricians.....	202	.4
Carpenters.....	586	1.1
Painters, construction.....	311	.6
Mechanics and repairmen.....	1,852	3.5
Other skilled.....	3,396	6.2
Semiskilled, total.....	7,796	14.7
Occupations in production of textiles.....	694	1.3
Machine shop occupation.....	318	.6
Chauffeurs and drivers of motor vehicles.....	1,263	2.4
Laundering and dry cleaning.....	375	.7
Attendants, filling station.....	407	.8
Other semiskilled.....	4,739	8.9
Unskilled workers, total.....	4,923	9.3
Laborers:		
Food products.....	367	.7
Textile products.....	327	.6
Lumber process.....	419	.8
Construction occupations.....	582	1.1
Nonprocess occupations in manufacturing.....	1,103	2.1
Other.....	2,125	4.0
Family workers and housewives.....	3,807	7.2
Not reported.....	28	(1)

¹ Excluded from distribution.

Table 7.—Number of persons who received various types of services during the fiscal year ended June 30, 1948

Types of service	Total number	Number receiving service from—	
		State rehabilitation agencies	Agencies for the blind
Diagnosis-counseling:			
Investigation.....	145,331	133,880	11,451
Referral to other agency.....	13,894	13,135	759
Guidance and planning.....	92,607	83,452	9,155
Compensation adjustment.....	1,335	1,287	48
Other.....	1,077	349	728
Examinations:			
Psychological test(s).....	21,121	20,223	898
Medical.....	116,360	109,105	7,255
Psychiatric.....	4,093	3,963	130
Medical services:			
Treatment:			
Medical.....	6,829	6,140	689
Psychiatric.....	1,357	1,308	49
Surgical.....	10,679	9,926	753
Dental.....	1,344	1,219	125
Other.....	223	195	28
Hospitalization.....	12,204	11,397	807
Convalescent home care.....	350	340	10
Physiotherapy.....	1,126	1,112	14
Occupational therapy.....	366	345	21
Work therapy.....	415	324	91
Home nursing care.....	99	94	5
Other.....	381	298	83
Appliances:			
Dental.....	1,228	1,176	52
Artificial limb(s).....	6,458	6,446	12
Brace(s).....	1,952	1,944	8
Hearing aid.....	2,885	2,852	33
Glasses or artificial eye.....	3,665	3,009	656
Surgical.....	1,207	1,193	14
Other.....	618	528	90
Repair of appliance(s).....	727	717	10
Training:			
Educational institution.....	28,716	27,302	1,414
Employment training.....	5,755	5,190	565
Correspondence, extension.....	2,258	2,234	24
Tutorial.....	4,047	3,286	761
Other.....	575	265	310
Maintenance:			
Physical restoration.....	1,293	1,219	74
Training.....	12,893	11,508	1,385
Other.....	240	191	49
Transportation:			
Diagnosis.....	6,447	5,670	777
Physical restoration.....	4,205	3,757	448
Training.....	6,043	5,242	801
Placement.....	773	677	96
Auxiliary services:			
Training materials.....	18,638	17,613	1,025
Customary occupational tools and equipment.....	3,823	3,260	563
Occupational licenses and fees.....	560	480	80

Table 8.—Total expenditures from Federal and State funds for vocational rehabilitation by State boards of vocational education during the fiscal year ended June 30, 1948

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Adminis- tration	Vocational guidance and placement	Purchased services
United States total ¹	\$22,133,634.03	\$15,732,607.82	\$6,401,026.21	\$1,479,802.88	\$7,813,288.34	\$12,840,542.81
Alabama.....	521,086.69	341,818.42	179,268.27	31,691.33	130,858.82	358,536.54
Arizona.....	80,427.84	59,447.88	20,979.96	5,954.92	32,513.01	41,959.91
Arkansas.....	326,366.33	233,668.75	92,697.58	18,012.72	122,958.45	185,395.16
California.....	1,431,357.16	1,126,537.04	304,820.12	121,951.92	698,158.40	611,248.84
Colorado.....	103,789.64	84,499.38	19,290.26	9,742.44	55,466.68	38,580.52
Connecticut.....	399,309.66	295,309.56	104,000.10	40,341.89	150,967.57	208,000.20
Delaware.....	179,326.94	129,697.52	49,629.42	12,212.00	67,856.10	99,258.84
Florida.....	619,293.78	428,114.57	191,179.21	33,070.96	202,893.23	383,329.59
Georgia.....	1,093,309.98	797,474.40	295,835.58	70,135.17	431,503.64	591,671.17
Idaho.....	49,379.37	35,233.10	14,146.27	3,279.23	17,807.60	28,292.54
Illinois.....	1,718,862.89	1,154,766.81	564,096.08	118,375.68	472,295.05	1,128,192.16
Indiana.....	482,469.48	319,170.17	163,299.31	31,671.02	124,199.85	326,598.61
Iowa.....	193,016.21	150,791.78	42,224.43	18,880.05	89,687.30	84,448.86
Kansas.....	232,990.83	159,845.24	73,145.59	17,750.11	68,949.53	146,291.19
Kentucky.....	298,799.91	215,465.61	83,334.30	21,333.21	110,652.10	166,814.60
Louisiana.....	101,951.13	363,842.43	138,108.70	21,943.48	203,790.25	276,217.40
Maine.....	128,622.67	90,050.91	38,571.76	10,098.66	41,380.49	77,143.52
Maryland.....	275,689.68	210,368.62	65,321.06	19,792.64	125,254.91	130,642.13
Massachusetts.....	285,537.82	219,576.45	65,961.37	22,486.84	130,959.50	132,091.48
Michigan.....	1,243,419.20	892,721.51	350,697.69	96,837.49	445,156.34	701,425.37
Minnesota.....	234,966.66	169,162.14	65,804.52	16,296.20	86,931.16	131,739.30
Mississippi.....	439,010.33	250,501.82	88,508.51	21,443.44	140,549.87	177,017.02
Missouri.....	373,143.48	332,289.50	140,853.98	23,765.49	167,670.03	281,707.96
Montana.....	140,958.66	106,017.97	34,940.69	10,816.56	60,260.73	69,881.37
Nebraska.....	199,404.09	143,196.07	56,207.12	13,280.68	73,709.16	112,414.25
Nevada.....	17,038.96	13,197.14	3,841.82	1,043.54	8,311.78	7,683.64
New Hampshire.....	53,982.68	37,183.52	16,799.16	4,295.94	16,088.43	33,598.31
New Jersey.....	390,607.54	293,551.98	97,055.56	34,488.93	161,507.32	194,611.29
New Mexico.....	86,867.52	59,251.75	27,615.77	7,414.34	22,697.14	56,756.04
New York.....	1,255,569.52	914,929.52	340,640.00	84,895.71	481,922.97	688,750.84
North Carolina.....	785,379.86	499,799.67	285,580.19	36,923.98	177,295.50	571,180.38
North Dakota.....	121,925.54	78,623.88	43,301.66	10,791.79	24,530.43	86,603.32
Ohio.....	446,209.86	312,780.34	133,429.52	35,158.11	144,192.71	266,859.04
Oklahoma.....	465,280.88	348,776.55	116,504.33	24,675.43	207,596.79	233,008.66
Oregon.....	254,707.77	174,174.38	80,533.39	15,213.87	77,961.89	161,532.01
Pennsylvania.....	1,745,310.89	1,194,196.39	551,114.50	93,409.25	549,672.64	1,102,229.00
Rhode Island.....	93,040.45	64,364.04	28,676.41	5,780.50	29,907.14	37,352.81
South Carolina.....	542,088.80	370,202.10	171,886.70	35,612.48	162,702.92	343,773.40
South Dakota.....	57,320.35	37,154.92	20,165.43	3,936.98	12,897.51	40,435.86
Tennessee.....	616,779.27	443,662.98	173,116.29	51,313.91	219,232.78	346,232.58
Texas.....	991,128.44	661,857.40	329,271.04	48,661.44	283,924.92	668,542.08
Utah.....	154,050.83	115,503.70	38,547.13	10,197.01	66,759.56	77,094.26
Vermont.....	98,317.98	67,816.20	30,501.78	6,865.65	30,448.77	61,003.56
Virginia.....	407,158.14	277,369.75	129,788.39	18,949.14	128,632.22	259,576.78
Washington.....	322,639.76	236,880.31	85,759.45	19,129.16	131,991.70	171,518.90
West Virginia.....	513,486.67	362,233.73	151,252.94	29,865.30	181,115.50	302,505.87
Wisconsin.....	671,934.84	408,448.85	163,485.99	39,474.90	203,994.68	328,465.26
Wyoming.....	56,002.75	51,962.16	14,040.69	4,434.35	33,487.22	28,081.18
Alaska.....	2,597.08	2,597.08	-----	884.25	1,712.83	-----
District of Columbia.....	177,022.47	152,022.47	25,000.00	19,633.85	83,559.98	73,828.64
Hawaii.....	107,711.27	80,907.78	26,803.49	5,439.04	48,665.26	53,606.97
Puerto Rico.....	236,983.48	163,590.68	73,392.80	20,149.90	70,047.98	146,785.60

¹ Based on reports from States, subject to audit.

Table 9.—Total expenditures from Federal and State funds for vocational rehabilitation of the blind by State commissions or agencies for the blind during the fiscal year ended June 30, 1948

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Adminis- tration	Vocational guidance and placement	Purchased services
United States total ¹	\$2, 435, 180. 17	\$1, 974, 235. 52	\$460, 944. 65	\$224, 285. 28	\$1,288, 061. 56	\$922, 833. 33
Colorado.....	19, 961. 18	16, 285. 10	3, 676. 08	2, 054. 94	10, 554. 09	7, 352. 15
Connecticut.....	26, 650. 09	22, 941. 43	3, 708. 66	2, 934. 54	16, 298. 24	7, 417. 31
Delaware.....	25, 625. 20	21, 045. 45	4, 579. 75	2, 239. 04	14, 226. 67	9, 159. 49
Florida.....	209, 615. 01	170, 528. 47	39, 086. 54	15, 477. 94	115, 964. 00	78, 173. 07
Idaho.....	15, 385. 41	12, 893. 07	2, 492. 34	1, 002. 93	9, 397. 80	4, 984. 68
Indiana.....	64, 801. 47	47, 320. 74	17, 480. 73	4, 139. 41	25, 700. 60	34, 961. 46
Iowa.....	18, 905. 14	14, 794. 42	4, 110. 72	1, 664. 76	9, 018. 94	8, 221. 44
Kansas.....	28, 287. 96	21, 985. 47	6, 302. 49	2, 198. 41	13, 484. 56	12, 604. 99
Louisiana.....	45, 179. 68	39, 198. 71	5, 980. 97	4, 253. 25	28, 964. 49	11, 961. 94
Maine.....	20, 159. 10	15, 941. 33	4, 217. 77	1, 437. 27	10, 286. 29	8, 435. 54
Michigan.....	142, 442. 39	116, 031. 09	26, 411. 30	16, 899. 91	72, 719. 88	52, 822. 60
Minnesota.....	47, 567. 26	40, 092. 49	7, 474. 77	5, 641. 08	26, 976. 64	14, 949. 54
Mississippi.....	85, 063. 01	66, 288. 08	18, 774. 93	5, 200. 52	42, 312. 63	37, 549. 86
Missouri.....	101, 004. 24	84, 621. 17	16, 383. 07	7, 915. 52	60, 322. 59	32, 766. 13
Montana.....	19, 196. 24	14, 008. 21	5, 188. 03	1, 686. 97	7, 133. 21	10, 376. 06
Nebraska.....	48, 376. 58	36, 221. 38	12, 155. 20	1, 823. 87	22, 242. 31	24, 310. 40
New Hampshire.....	12, 765. 44	10, 462. 67	2, 302. 77	792. 74	7, 367. 16	4, 605. 54
New Jersey.....	81, 820. 00	67, 116. 14	14, 703. 86	4, 936. 68	47, 475. 61	29, 407. 71
New Mexico.....	11, 981. 68	8, 981. 96	2, 999. 62	955. 80	5, 026. 54	5, 999. 24
New York.....	155, 447. 11	126, 054. 63	29, 392. 48	13, 697. 23	82, 964. 93	58, 784. 95
North Carolina.....	240, 070. 32	178, 315. 00	61, 755. 32	24, 089. 48	92, 470. 21	123, 510. 63
Ohio.....	214, 962. 20	180, 872. 90	34, 089. 30	21, 349. 26	125, 434. 34	68, 178. 60
Oregon.....	32, 957. 92	24, 462. 75	8, 495. 17	4, 045. 96	11, 921. 62	16, 990. 34
Pennsylvania.....	225, 549. 86	191, 001. 76	34, 548. 10	22, 048. 18	134, 405. 48	69, 096. 20
Rhode Island.....	24, 492. 18	19, 832. 31	4, 659. 87	2, 081. 13	13, 091. 32	9, 319. 73
South Carolina.....	35, 630. 22	29, 321. 93	6, 308. 29	1, 318. 38	21, 695. 26	12, 616. 58
South Dakota.....	18, 819. 78	15, 291. 17	3, 528. 61	1, 753. 38	10, 009. 18	7, 067. 22
Tennessee.....	85, 844. 27	68, 608. 91	16, 735. 36	7, 764. 05	43, 165. 36	34, 414. 86
Texas.....	205, 586. 53	171, 039. 62	34, 546. 71	22, 617. 56	113, 875. 35	69, 093. 42
Vermont.....	18, 310. 27	13, 851. 00	4, 459. 27	2, 922. 31	6, 469. 42	8, 918. 54
Virginia.....	33, 171. 41	29, 392. 73	9, 778. 68	2, 964. 17	10, 649. 88	19, 557. 36
Washington.....	27, 830. 47	22, 520. 83	5, 309. 64	3, 521. 49	13, 689. 71	10, 619. 27
Wisconsin.....	47, 537. 24	42, 397. 79	5, 139. 45	4, 565. 33	32, 693. 02	10, 278. 89
Hawaii.....	44, 685. 61	40, 514. 81	4, 168. 80	6, 291. 79	30, 054. 23	8, 337. 59

¹ Based on reports from States, subject to audit.

